

Print name:

Josh Kelso

Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755

Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

RECEIVED OFFICE USE ONLY Date Received 8/30/2019 Permit No.: B2019-3718 Date Issued:

() " (3 5 4 20112	Beaverton Oregon, gov	CITY OF BEAVERTON Payment Type: (1)(1)
TYPE C	OF WORK	BUILDING DIVISION REQUIRED DATA: 1- AND 2-FAMILY DWELLING
☑ New construction	Demolition	Permit fees' are based on the value of the work performed.
Addition/alteration/reptacement	Olher:	Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on
	CONSTRUCTION	this application. Valuation 446, 698, 26
	☐ Commercial findustrial	Number. of bedrooms:
☐ Accessory building	☐ Multi-family	
☐ Master builder	Other:	Number of bathrooms:
JOB SITE INFORMA	TION AND LOCATION	Total number of floors:
Job site address: 11704 SW Sofia Court	•	New dwelling area: square feet 3350
City/State/ZIP: Beaverton, OR 97225	THOSE STILLAR SAN AND	Garage/carport area: square feet 638
Suite/bldg /apt. no.:	Project name: Cameron Place	Covered porch area: square feet 250
Cross street/directions to job site: Walker Rd to	L unnfield Lane	Deck area: square feet
Waike Hu to	Cymmeia Lane	Other structure area: square feet
		REQUIRED DATA: COMMERCIAL-USE CHECKLIST
Subdivision: Cameron Place	Lot no.:9	Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment,
Tax map/parcel no.:		materials, labor, overhead, and the profit for the work indicated on this application.
DESCRIPTIO	ON OF WORK	Valuation
New Single Family Residence		Existing building area: square feet
		New building area: square feet
		Number of stories:
☑ PROPERTY OWNER	☐ TENANT	Type of construction:
Name: Mission Homes NW, LLC		Occupancy groups:
Address: PO Box 1689		Existing:
City/State/ZIP: Lake Oswego, OR 97035		New:
Phone: (503) 381-3753	Fax: (503) 214-8524	NOTICE
E-mail: josh@missionhomes.com		All contractors and subcontractors are required to be licensed with
☑ APPLICANT	☐ CONTACT PERSON	the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is
Business name: Mission Homes NW, LLC		being performed. If the applicant is exempt from ilcensing, the following reasons apply:
Contact name: Josh Kelso		tollowing reasons appry.
Address: PO Box 1689		
City/State/ZIP: Lake Oswego, OR 9035		
Phone: (503) 381-3753	Fax: (503) 214-8524	
E-mail: josh@missionhomes.com		
CONTRACTOR		BUILDING PERMIT FEES*
Business name: Mission Homes NW	4	Please refer to fee schedule
Address: PO Box 1689		Fees due upon application
Clty/State/ZIP: Lake Oswego, OR 97035		Amount received
Phone: (503) 381-3753	Fax: (503) 214-8524	Date received:
CCB lic.: 186849		This permit application expires if a permit is not obtained
Authorized		within 180 days after it has been accepted as complete

Date:

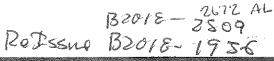
8-30-19

Fee methodology set by Tri-County Building Industry Service Board

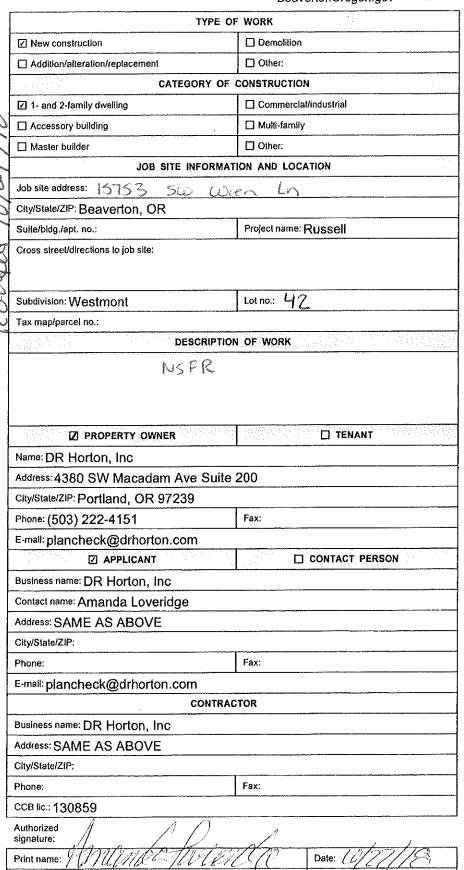
Form B70-1001

Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 BeavertonOregon.gov



OFFICE	USE ONLY
Date Received: 10-25-18	Permit No.: B2018-4983
Date Issued: 1021210	
(0/0//00/)	Payment Type:



Amanda L'overidge

REQUIRED DATA: 1- AND 2-FAI	MILY DWELLING		
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.			
Valuation 345,861.37			
Number, of bedrooms: 3			
Number of bathrooms: 7.5			
Total number of floors: 2			
New dwelling area: 2672	square feet		
Garage/carport area: 588	square feet		
Covered porch area: 58	square feet		
Deck area:	square feel		
Other structure area:	square feet		
REQUIRED DATA: COMMERCIAL	-USE CHECKLIST		
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.			
Valuation			
Existing building area:	square feet		
New building area:	square feet		
Number of stories:			
Type of construction:			
Occupancy groups:			
Existing:			
New:			
NOTICE			
All contractors and subcontractors are req the Oregon Construction Contractors Boar may be required to be licensed in the jurisi being performed. If the applicant is exemp following reasons apply:	d under ORS 701 and diction in which work is		
BUILDING PERMIT F	EES'		
Please refer to fee sch	1		
Fees due upon application	\$1,420.45		
Amount received			
Date received:			

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

 Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

Re Issne B2018-1344

Beaverton

Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

OFFICE USE ONLY

Date Received: 10 - 25 - 18 Permit No.: 13 2018 - 4992

Date Issued: 10 3 2018

10 m 1 5 0 m	BeavertonOregon.gov	· 19(100) Payment Type:	
TYPE OF	<u> </u>	REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
TYPE OF		Permit fees* are based on the value of the work performed.	
☑ New construction	Demolition	Indicate the value (rounded to the nearest dollar) of all equipm materials, labor, overhead, and the profit for the work indicated	ient, d on
Addition/alteration/replacement	Other:	this application.	
CATEGORY OF		Valuation \$ 3 19 989, 60	
[2] 1- and 2-family dwelling	☐ Commercial/industrial	Number. of bedrooms: 5	
☐ Accessory building	☐ Multi-family	Number of bathrooms: 7.5	
☐ Master builder	Other:	Total number of floors: 2	
JOB SITE INFORMAT	ION AND LOCATION	New dwelling area: 754 square feet	
Job site address: 15754 Sw Thr	ush Ln	Garage/carport area: 347 square feet	
City/State/ZiP: Beaverton, OR		Covered porch area: QO square feet	
Suite/bldg./apt. no.:	Project name: Russell	Deck area: square feet	
Cross street/directions to job site:		Other structure area: square feet	
		REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Subdivision: Westmont	Lot no.:	Permit fees* are based on the value of the work performed.	
Tax map/parcel no.:	-	Indicate the value (rounded to the nearest dollar) of all equipm materials, labor, overhead, and the profit for the work indicated	ent, i on
DESCRIPTION	LOF WORK	this application.	
NSFR		Existing building area: square feet	
- 1/10 E 6 Major			
		New bullding area: square feet Number of stories:	
PROPERTY OWNER	☐ TENANT	Type of construction:	
Name: DR Horton, Inc		Occupancy groups:	
Address: 4380 SW Macadam Ave Suite	200	Existing:	-
City/State/ZIP: Portland, OR 97239		New:	
Phone: (503) 222-4151	Fax:	NOTICE	i de la composición dela composición de la composición de la composición de la composición dela composición de la composición de la composición dela composición dela composición de la composición de la composición dela
E-mail: plancheck@drhorton.com		10100 1000 1000 1000	
☑ APPLICANT	CONTACT PERSON	All contractors and subcontractors are required to be licensed the Oregon Construction Contractors Board under ORS 701 at	nd
Business name: DR Horton, Inc		may be required to be licensed in the jurisdiction in which work being performed. If the applicant is exempt from licensing, the	115
Contact name: Amanda Loveridge		following reasons apply:	
Address: SAME AS ABOVE			
City/State/ZIP:		7	
Phone:	Fax:		
E-mall: plancheck@drhorton.com			
CONTRAC	TOR	BUILDING PERMIT FEES*	
Business name: DR Horton, Inc		Please refer to fee schedule	- 1 -
Address: SAME AS ABOVE		Fees due upon application \$1,340.7	14
City/State/ZIP:		Amount received	
Phone:	Fax:	Date received:	
CCB lic.: 130859	A CONTRACTOR OF THE CONTRACTOR	This permit application expires if a permit is not obtained	 ed
Authorized signature:		within 180 days after it has been accepted as complete	

Date: (1)

Amanda Loveridge

 Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2

ELEVAL BUILD

Beaverton

Print name: Jennifer Reilly

Permit Application

Development Department
Building Division

12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 BeavertonOregon.gcm

REV	Section 2	9	***	0	400	4
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ΤX

OFFICE I	JSE ONLY
Date Receive 05/17/2019	Permit No.: B2018-3701
Date Issued: 10 - 3 -19	By: ML
CITY OF BEAUCOTOL	Daymont Type: [14 1 1 4

TYPE OF	WORK
New construction	☐ Demolition
☐ Addition/alteration/replacement	☐ Other:
CATEGORY OF (CONSTRUCTION
☑ 1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	Other:
JOB SITE INFORMATI	ION AND LOCATION
Job site address: 12528 SW 171st Ter	
City/State/ZIP:Beaverton, Or 97007	
Suite/bidg./apt. no.:	Project name:SCHM
Cross street/directions to job site:	
Obstation Double Oceaning Marie In the	Lot no.: 48
subdivision: South Cooper Mountain Hts	M.110., 40
Tax map/parcel no.:	OF WORK
DESCRIPTION	
NEW SFR	
PROPERTY OWNER	
Name: Everett Custom Homes	
Address: 3330 NW Yeon Ave	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 726-7060	Fax:
E-mail: jreilly@everetthomesnw.com	
☑ APPLICANT	☑ CONTACT PERSON:
Business name: Everett Custom Homes	
Confact name: Jennifer Reilly	
Address: 3330 NW Yeon Ave	
City/State/ZiP: Portland, OR 97210	
Phone: (503) 726-7060	Fax:
E-mail: jreilly@everetthomesnw.com	
CONTRAC	TOR
Business name: Everett Custom Homes	
Address: 3330 NW Yeon Ave	
city/state/ZIP: Portland, Oregon 97210	
Phone: jreilly@everetthomesnw.com	Fax:
CCB IIc.: 189447	
Authorized Jennifer Bailly	

OF BEAVER	RTON	Payment Type:	Chelle	
JING DIVIS	HON	A: 1- AND 2-FAN	III Y DWELLING	M
Permit fees* Indicate the v materials, lab	are based o value (round por, overhea	n the value of the	the transfer feet to the real party of the second section of the second	
this application	on. 221,277	······································		
	of bedrooms	: 3		,
Number of	f bathrooms	: 2.5		
Total num	ber of floors	: 3		
New dwell	ing area: 1	795.78	square feet	
Garage/ca	irport area:	608.62	square feet	
Covered p	orch area:	72.38	square feet	
Deck ørea	1	107.45	square feet	0
Other stru	cture area:	0	square feet	e e r
■ 100 (4) (2) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	and the property of the second	COMMERCIAL		
Indicate the v	ralue (round or, overhea	n the value of the ed to the nearest d, and the profit fo	work performed. dollar) of all equipment, or the work indicated on	
Valuation				_
Eviction h	uilding area;	•	square feet	
LAISTING OF	21101119 (2100)			
New buildi			square feet	
	ing area:		square feet	_
New buildi	ing area:			_
New buildi	ing area: f stories: instruction:		square feet	2
New buildi Number of Type of co	ing area: f stories: instruction: y groups:		R	
New buildi Number of Type of co	ing area: f stories: instruction: y groups:			
New buildi Number of Type of co Occupance Existir New:	ing area: If stories: Instruction: If groups: Ing:	NOTICE	R	е
New buildi Number of Type of co Occupance Existir New: All contractors the Oregon C may be required.	ing area: If stories: Instruction: If groups: Ing: If and subcoordinated to be liced to be liced. If the a	NOTICE Ontractors are requested to the juriscent of the	R	е
New buildi Number of Type of co Occupance Existin New: All contractors the Oregon C may be requited being perform	ing area: If stories: Instruction: If groups: Ing: If and subcoordinated to be liced to be liced. If the a	NOTICE Ontractors are requested to the juriscent of the	Townhom Ired to be licensed with d under ORS 701 and liction in which work is	е
New buildi Number of Type of co Occupance Existin New: All contractors the Oregon C may be requited being perform	ing area: I stories: Instruction: y groups: ag: and subcoonstruction red to be lice acons apply:	NOTICE Ontractors are requested to the juriscent of the	Townhom Ired to be licensed with d under ORS 701 and diction in which work is a trom licensing, the	е
New buildi Number of Type of co Occupance Existin New: All contractors the Oregon C may be requited being perform	ing area: I stories: Instruction: I groups: Ing: I sand subconstruction I for the allowed. If the allowed sons apply: BUILL	NOTICE Intractors are requested in the jurist policent is exempted.	Townhom Idea to be licensed with dunder ORS 701 and sliction in which work is a from licensing, the	е
New buildi Number of Type of co Occupance Existin New: All contractors the Oregon C may be requited being perform	ing area: I stories: Instruction: y groups: ag: s and subccconstruction and to be lice ned, if the assons apply: BUILLE Pleas	NOTICE partractors are requesed in the jurist policent is exempted to the property of the pro	Townhom Idea to be licensed with dunder ORS 701 and sliction in which work is a from licensing, the	е
New buildi Number of Type of co Occupance Existir New: All contractors the Oregon Co may be required being perform following reas	ing area: I stories: Instruction: I groups: Ing: I and subcoorstruction I the appropriate of the appropriate	NOTICE partractors are requesed in the jurist policent is exempted to the property of the pro	Townhom Idea to be licensed with dunder ORS 701 and sliction in which work is a from licensing, the	е

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

 Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

Date: 5/16/19

Building Permit Application REV X

signature:

Print name: Jennifer Reilly

Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755

T 19-019

OFFICE USE ONLY Permit No.: B2018-3702 Payment Type: Chulic

Beaverton, OR 97076 Date Received:05/1 Phone: (503) 526-2493 Fax: (503) 526-2550 Date Issued: General Information (503) 526-2222

	Deaver(on Oregon: 9 6	BUIL	PING DIVISION	
TYPE:OI	- WORK		REQUIRED DATA: 1. AND	the financial committee of a production of the committee of the committee of the committee of the committee of
New construction	☐ Demolition		Permit fees* are based on the value indicate the value (rounded to the n	earest dollar) of all equipment.
☐ Addition/alteration/replacement	Olher:		materials, labor, overhead, and the this application.	profit for the work indicated on
CATEGORY OF	CONSTRUCTION		Valuation 215,363	
☑ 1- and 2-family dwelling	☐ Commercial/industrial		Number, of bedrooms: 2	
☐ Accessory building	☐ Multi-family		Number of bathrooms: 2.5	
☐ Master builder	☐ Other:		Total number of floors: 3	
JOB SITE INFORMAT	ION AND LOCATION		New dwelling area: 1570.1	square feet
Job site address: 12524 SW 171st Ter			Garage/carport area: 474.82	square feet
City/State/ZIP:Beaverton, Or 97007			Covered porch area: 36	leet ensups
Sulte/bldg./apt. no.:	Project name: SCHM		Deck erea: 96	square feet 0
Cross street/directions to job site:			Other structure area: ()	square feet
			REQUIRED DATA: COMMER	
subdivision: South Cooper Mountain Hts	Loine: 49		Permit fees* are based on the value	of the work performed.
Tax map/parcel no.:		_	Indicate the value (rounded to the naterials, labor, overhead, and the	earest dollar) of all equipment.
DESCRIPTIO	N OF WORK		this application.	
		*******	Valuation	0
NEW SFR			Existing building area:	square feel®
		:	New building area:	square feet
		8668	Number of stories:	
☐ PROPERTY OWNER	☐ TENANT		Type of construction:	
Name: Everett Custom Homes			Occupancy groups:	R2
Address: 3330 NW Yeon Ave			Existing:	
City/State/ZIP: Portland, OR 97210			New:	Townhome
Phone: (503) 726-7060	Fax:		NOTIC	E
E-mail: jreilly@everetthomesnw.com		V-59-50	All contractors and subcontractors a	re required to be licensed with
	☑ CONTACT PERSON		the Oregon Construction Contractor may be required to be licensed in the	e lurisdiction in which work is
Business name: Everett Custom Homes			being performed. If the applicant is a following reasons apply:	exempt from licensing, the
Contact name: Jennifer Reilly				
Address: 3330 NW Yeon Ave				
City/State/ZiP: Portland, OR 97210	*			
Phone: (503) 726-7060	Fax:			
E-mail: jreilly@everetthomesnw.com			BUILDING PER	UIT FEFS*
CONTRA	rtor		Please refer to fe	
Business name: Everett Custom Homes				
Address: 3330 NW Yeon Ave			Fees due upon application	
city/state/ZIP: Portland, Oregon 97210		_	Amount received	
Phone: jreilly@everetthomesnw.com	Fax:		Date received:	,
CCB IIc.: 189447]	This permit application expires	If a permit is not obtained
Authorition () hostinglish			within 180 days after it has be	en accepted as complete

Date: 5/16/19

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

Print name: Jennifer Reilly

Community Development Departma2

Building Division

12725 SW Millikan Way / PO Box 4755

Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222

DECEMBE	
OFFICE	USE ONLY
Date Rec 17/2019	Permit No.: B2018-3703
Date Issued: 10-31-19	By: 1/1/
CITY OF BEAVERTON	Payment Type: Challe

TO BE GON GOILES	Beaverton Oregon.gc	OTTY OF	BE/	AVERTON	Payment Type:	Chille
TYPE OF		BULDI	N O E	PVESION DA	ГА: 1- AND 2-FAN	IILY DWELLING
New construction	☐ Demolition	Option and an annual services				work performed. dollar) of all equipment,
☐ Addition/alteration/replacement	Other:		ma	terials, labor, overhe	ad, and the profit f	or the work indicated on
CATEGORY OF	CONSTRUCTION			application. lustion 215,363	.,, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
☑ 1- and 2-family dwelling	☐ Commercial/industrial		J	Number, of bedrooms	s· 2	
☐ Accessory building	☐ Multi-family			Number of bathrooms		
☐ Master builder	☐ Other:		ļ			
JOB SITE INFORMAT				Total number of floor		
Job site address: 12520 SW 171st Ter		400,000,000,000,000,000		New dwelling area: 1		square feet
City/State/ZIP:Beaverton, Or 97007				Garage/carport area:	474.82	square feet
Suite/bidg./apt. no.:	Project name: SCHM			Covered porch area:	36	square feet
Cross street/directions to job site:				Deck area:	96	square feet C
0,000 0.000 0.000		;	(Other structure area:	0	square feet
	1			REQUIRED DATA	A Comment of the Control of the Cont	NAMES OF STREET OF STREET
subdivision: South Cooper Mountain Hts	Latino.: 50		Indi	mit fees* are based (ded to the nearest	dollar) of all equipment,
Tax map/parcel no.:			mai	lerials, labor, overhet application.	ad, and the profit fo	or the work indicated on
DESCRIPTION	I OF WORK			uation		
NEW SFR		. [Existing building area);	square feet
				New building area:		square feet
				Number of stories:	, <u>, , , , , , , , , , , , , , , , , , </u>	
☐ PROPERTY OWNER	☐ TENANT			Type of construction:		
Name: Everett Custom Homes				Occupancy groups:	***************************************	R2
Address: 3330 NW Yeon Ave				Existing:		
City/State/ZiP: Portland, OR 97210				New:		Townhome
Phone: (503) 726-7060	Fax:				NOTICE	
E-mail: jreilly@everetthomesnw.com	,		All	contractors and subc	optractors are rem	uired to be licensed with
☑ APPLICANT	CONTACT PERSON		the	Oregon Construction	Contractors Boar	d under ORS 701 and liction in which work is
Business name: Everett Custom Homes			beli	ng performed. If the s	ipplicant is exempl	from licensing, the
Contact name: Jennifer Reilly			RORG	owing reasons apply:		
Address: 3330 NW Yeon Ave			1			. •
City/State/ZIP: Portland, OR 97210].				
Phone: (503) 726-7060	Fax:					
E-mail: jreilly@everetthomesnw.com			1528-315			
CONTRAC	TOR			BUIL	DING PERMIT F	EES'
Business name: Everett Custom Homes				Pleas	se refer to fee sche	adule
Address: 3330 NW Yeon Ave			Fee	s due upon application	on	
City/State/ZIP: Portland, Oregon 97210			Am	ount received		
Phone: jreilly@everetthomesnw.com	Fax:		Dat	e received:		
CCB IIc.: 189447			·	this normit sentines	ion ovniroe if e o	tenistdo ton si timre
Authorized signature: Pennifer Reilly				within 180 days aft	ar it has been acc	epted as complete

Date: 5/16/19

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

Community Development Department **Building Division** 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

REV	X
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T 19-018

OFFICE USE ONLY

Date Receive 05/17/2019 Permit No.: Date Issued: 10 - 31-19 CITY OF BEAVERTON

By: 1/1/

B2018-3704

BeavertonOregon.geg BUIL TYPE OF WORK New construction Demolition Other: Addition/alteration/replacement CATEGORY OF CONSTRUCTION ☐ Commercial/industrial 1- and 2-family dwelling ☐ Multi-family Accessory building Other: ☐ Master builder JOB SITE INFORMATION AND LOCATION Job site address: 12518 SW 171st Ter city/state/ZIP:Beaverton, Or 97007 Project name: SCHM Suite/bidg./apt. no.: Cross street/directions to job site: subdivision: South Cooper Mountain His Latino.: 51 Tax map/parcel no.: DESCRIPTION OF WORK **NEW SFR** ☐ TENANT PROPERTY OWNER Name: Everett Custom Homes Address: 3330 NW Yeon Ave City/State/ZIP: Portland, OR 97210 Fax: Phone: (503) 726-7060 E-mail: jreilly@everetthomesnw.com OCONTACT PERSON ☑ APPLICANT Business name: Everett Custom Homes Contact name: Jennifer Reilly Address: 3330 NW Yeon Ave city/state/ZiP: Portland, OR 97210 Fax: Phone: (503) 726-7060 E-mail: ireilly@everetthomesnw.com CONTRACTOR Business name: Everett Custom Homes Address: 3330 NW Yeon Ave city/state/ZIP: Portland, Oregon 97210 Phone: jreilly@everetthomesnw.com Fax: CCB IIc.: 189447 Authorized jennifer Kall

signature:

Print name: Jennifer Reilly

ING DIVISION	· · · · · · · · · · · · · · · · · · ·
REQUIRED DATA: 1+ AND	2-FAMILY DWELLING
Permit fees* are based on the value indicate the value (rounded to the r materials, labor, overhead, and the this application.	searest dollar) of all equipment.
Valuation 221,277	
Number, of bedrooms: 3	
Number of bathrooms: 2.5	
Total number of floors: 3	
New dwelling area: 1795.78	square feet
Garage/carport area: 608.62	square feet
Covered porch area: 36	square feet
Deck area: 108	square feet (
Other structure area: ()	square feet
REQUIRED DATA: COMME	RCIAL-USE CHECKLIST
Permit fees* are based on the value indicate the value (rounded to the materials, labor, overhead, and the this application.	earest dollar) of all equipment,
Valuation	
Existing building area;	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	R2
Existing:	
New:	Townhome
NOTIC	IE
All contractors and subcontractors a the Oregon Construction Contractor may be required to be licensed in it being performed. If the applicant is following reasons apply:	's Board under ORS 701 and le jurisdiction in which work is
BUILDING PER	MIT FEES*
Please refer to f	ee schedule
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

Date: 5/16/19

Authorized signature:

Print name:

SANDRO GUERRERO

Community Development Department **Bullding Division** 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 RECEIVED

OFFICE USE ONLY

Date Received: 08/20/2019 Permit No.; B2019-3535

Date Issued: ()

CITY OF BEAVERTON Payment Type: (WIN

	BeavertonOregon.gov L	RIII	DINIC	G DIVISION.		
TYPE O	- WORK			REQUIRED DATA: 1. AM		
New construction	☐ Demolition		Indicat	fees" are based on the val te the value (rounded to the	e nearest dollar) of all eq	uipment,
☐ Addition/alteration/replacement	☐ Other:		materia	als, labor, overhead, and the	ne profit for the work indi	caled on
CATEGORY OF	CONSTRUCTION		Valuati	40.40.000	.43	
☑ 1- and 2-family dwelling	☐ Commerciat/industrial		Nun	nber, of bedrooms:	1000	3
☐ Accessory building	☐ Multi-family		Nun	nber of bathrooms:		3
☐ Master builder	Other:		Tota	al number of floors:	4.7	2
JOB SITE INFORMAT	ION AND LOCATION		Nev	v dwelling area:	square feet	2618
Job site address: 17436 SW DOTTEREI LI	V.		Gar	age/carport area:	square feet	398
City/State/ZIP: BEAVERTON, OR				rered porch area:	square feet	197
Sulte/bldg./apt. no.:	Project name: SOUTH COOPER MT.		·····	:k area:	square feet	240
Cross street/directions to job site:				er structure area:	square feet	
				REQUIRED DATA: COMM		IST
2 Miles COULT COOPER MT	Lot no.: 160		Permit	feas* are based on the val	lue of the work performe	d.
Subdivision: SOUHT COOPER MT	Estrio 160	\dashv	Indicat	e the value (rounded to the als, labor, overhead, and th	e nearest dolfar) of all eq	uipment,
Tax map/parcel no.: DESCRIPTIO	I DE MODK			plication.		
DESCRIPTION	Y OF WORK	$\dashv d$	Valuati	lon		
NEW HOME			Exis	sting building area:	square feet	
			New	v building area:	square feel	
			Nun	nber of storles:		2
☑ PROPERTY OWNER	☐ TENANT		Тур	e of construction:	SINGLE F	AMILY
Name: SK HOFF CONSTRUCTIO			Occ	cupancy groups:		
Address: 735 SW 158TH AVE				Existing:		
City/State/ZIP: BEAVERTON, OR, 97006				New:		
Phone: (503) 319-6963	Fax: (503) 641-7661			гои	TICE	
E-mall: sguerrero@arborhomes.com			All con	tractors and subcontractors	s are required to be licer	sed with
☐ APPLICANT	☑ CONTACT PERSON		may he	egon Construction Contract e required to be licensed in	the lurisdiction in which	work is
Business name: SK HOFF CONSTRUCT	ON		being performed. If the applicant is exempt from licensing, the following reasons apply:		, the	
Contact name: SANDRO GUERRERO						
Address: 735 SW 158TH AVE						
City/State/ZIP: BEAVERTON, OR 97006						
Phone: (503) 319-6963	Fax: (503) 641-7661	_				
E-mail:						
CONTRAC	CTOR		····	BUILDING PE		
Business name: SK HOFF CONSTRUCTION	ON			Please refer to		
Address: 735 SW 158TH AVE			Fees d	lue upon application	\$2,046.	/4
City/State/ZIP: BEAVERTON, OR 97006	•		Amoun	nt received		
Phone: (503) 641-7342	Fax: (503) 641-7661		Date re	acelved:		
CCB lic.: 121987	·		This	s permit application expir	res if a permit is not ob	tained

Date:

08/13/19

within 180 days after it has been accepted as complete

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

ADU DETACHED

Building Permit Application

Print name:

Brian R Roberts

Community Development Department **Building Division** 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

OFFICE	JSE ONLY
Date Received: 9-13-19	Permit No.: 132019-3266
Date Issued:	By: OCAA
	Payment Type:

	TYPE OF WORK	Permit fees* are based on the value	er er er er av det er er er betar er er et av de er	
☑ New construction	Demolition	Indicate the value (rounded to the	nearest dollar) of all equ	ipment,
☐ Addition/alteration/replacement	☐ Other:	materials, labor, overhead, and the this application.	profit for the work maio	ated on
CATEG	ORY OF CONSTRUCTION	Valuation	\$7	70,000
✓ 1- and 2-family dwelling	☐ Commerciat/industrial	Number, of bedrooms:		-
Accessory building	☐ Multi-family	Number of bathrooms:		-
☐ Master builder	☐ Other:	Total number of floors:		-
JOB SITE II	NFORMATION AND LOCATION	New dwelling area:	square feet	552
Job site address: 9816 SW Dapple	grey LP	Garage/carport area:	square feet	(
City/State/ZIP: Beaverton, OR 970	08	Covered porch area:	square feet	208
Suite/bldg./apt, no.:	Project name: Patty Davis ADU	Deck area:	square feet	
	applegrey LP & SW Weir RD east of Murray			
BLVD		Other structure area:	square feet	\ -
Subdivision:	Lot no.:	REQUIRED DATA: COMME Permit fees* are based on the value		
Tax map/parcel no.: 1S128CC07900		Indicate the value (rounded to the materials, labor, overhead, and the	nearest dollar) of all equi	ipment,
	SCRIPTION OF WORK	this application.	proactor the work moles	ated 0:1
The state of the s		Valuation		
New ADU in back yard of exist	ing SFR at same address	Existing building area:	square feet	
	· .	New building area:	square feet	
		Number of stories:		
☑ PROPERTY OWNER	☐ TENANT	Type of construction:	***************************************	
Name: Brooke Bernard		Occupancy groups:		
Address: 9816 SW Dapplegrey L	P	Existing:		
City/State/ZIP: Beaverton, OR 970	08	New:		
Phone: 541-301-6361	Fax:	NOTI	CE	
E-mail: pattysellinghomes@gma	il.com			ed with
☐ APPLICANT	☐ CONTACT PERSON	All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:		1 and
Business name: Brian Roberts Arch	nitecture			
Contact name: Brian Roberts				
Address: 3409 NE John Olsen Pl	_	''		
City/State/ZIP: Hillsboro, OR 97124	4			
Phone: 503-347-2971	Fax:	-		
E-mail: brian@duckfans.com			e. Gerill Speciment over edit of the control of	<u>., 183. ap. 4.43</u>
	CONTRACTOR	BUILDING PER	RMIT FEES*	
Business name: CM Construction L	LC	Please refer to	fee schedule	
Address: 12598 SW CREEKSHIF	RE	Fees due upon application		
City/State/ZIP: Tigard, OR 97223	,	Amount received		
Phone: 503-756-2110	Fax:	Date received:		

Date:

09/09/2019

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

\$70,000

0

0

208 0



signature:

Print name:

Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550

Date Received: Permit No.: B2019-1231
Date Issued: By: CP
Payment Type:

	General Information (503) 526-2222 BeavertonOregon.gov
	TYPE OF WORK
☐ New construction	☐ Demolition
☐ Addition/alteration/replacement	☑ Other: City pump station
C	ATEGORY OF CONSTRUCTION
1- and 2-family dwelling	☐ Commercial/industrial
Accessory building	☐ Multi-family
☐ Master builder	☑ Other: City pump station
JOB S	ITE INFORMATION AND LOCATION
Job site address: 14798 SW Sc	cholls Ferry Road
city/state/ZIP: Beaverton, OR	97007
Suite/bldg./apt. no.:	Project name: Meridian Pump Station
Cross street/directions to job site: B	etween SW Teal Blvd and SW 147th Place, outh side of SW Scholls Ferry Road
Subdivision:	Lot no.:
Tax map/parcel no.: 1S132DD0	0100
	DESCRIPTION OF WORK
☑ PROPERTY OWN	ER TENANT
Name: City of Beaverton	Supplied San San Burger - Extra contract - Comment of the contract of the cont
Address: 12725 SW Millikan	
	Way
Address: 12725 SW Millikan	Way
Address: 12725 SW Millikan City/State/ZIP: Beaverton, OR	Way 97005 Fax:
Address: 12725 SW Millikan Clty/State/ZIP: Beaverton, OR Phone: (503) 350-4094	Way 97005 Fax:
Address: 12725 SW Millikan City/State/ZtP: Beaverton, OR Phone: (503) 350-4094 E-mail: ssahu@beavertono	Way 97005 Fax: regon.gov
Address: 12725 SW Millikan City/State/ZIP: Beaverton, OR Phone: (503) 350-4094 E-mail: ssahu@beavertono	Way 97005 Fax: regon.gov
Address: 12725 SW Millikan City/State/ZIP: Beaverton, OR Phone: (503) 350-4094 E-mail: ssahu@beavertono	Way 97005 Fax: regon.gov
Address: 12725 SW Millikan City/State/ZiP: Beaverton, OR Phone: (503) 350-4094 E-mail: ssahu@beavertono // APPLICANT Business name: same as above Contact name:	Way 97005 Fax: regon.gov
Address: 12725 SW Millikan City/State/ZiP: Beaverton, OR Phone: (503) 350-4094 E-mail: ssahu@beavertono	Way 97005 Fax: regon.gov
Address: 12725 SW Millikan City/State/ZIP: Beaverton, OR Phone: (503) 350-4094 E-mail: ssahu@beavertono // APPLICANT Business name: same as above Contact name: Address: City/State/ZIP:	Way 97005 Fax: regon.gov □ CONTACT PERSON
Address: 12725 SW Millikan City/State/ZIP: Beaverton, OR Phone: (503) 350-4094 E-mail: ssahu@beavertono	Way 97005 Fax: regon.gov □ CONTACT PERSON
Address: 12725 SW Millikan City/State/ZiP: Beaverton, OR Phone: (503) 350-4094 E-mail: ssahu@beavertono	Way 97005 Fax: regon.gov Contact Person /e Fax:
Address: 12725 SW Millikan City/State/ZiP: Beaverton, OR Phone: (503) 350-4094 E-mail: ssahu@beavertono	Way 97005 Fax: regon.gov Contact Person /e Fax: Contract Person / Contract Person / Contract Person
Address: 12725 SW Millikan City/State/ZiP: Beaverton, OR Phone: (503) 350-4094 E-mail: ssahu@beavertono	Way 97005 Fax: regon.gov □ CONTACT PERSON /e Fax: CONTRACTOR and Sons, Inc. Ary Club Prive
Address: 12725 SW Millikan City/State/ZiP: Beaverton, OR Phone: (503) 350-4094 E-mail: ssahu@beavertono	Way 97005 Fax: regon.gov Contact Person /e Fax: Contractor Contractor

Date:

9-18-2019

REQUIRED DATA: 1- AND	
Permit fees ⁴ are based on the value indicate the value (rounded to the imaterials, labor, overhead, and the this application.	nearest dollar) of all equipment,
Valuation	\$
Number. of bedrooms;	
Number of bathrooms:	
Total number of floors:	
New dwelling area;	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area;	square feet
Other structure area;	square feet
REQUIRED DATA: COMME	RCIAL-USE CHECKLIST
Permit fees* are based on the value Indicate the value (rounded to the materials, labor, overhead, and the this application.	nearest dollar) of all equipment.
Valuation	\$515,979
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTI	CE
All contractors and subcontractors the Oregon Construction Contract may be required to be licensed in being performed. If the applicant is following reasons apply:	ors Board under ORS 701 and the jurisdiction in which work is
BUILDING PE	RMIT FEES!
Please refer to	fee schedule
Fees due upon application	
Amount received	
Date received:	-

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

 Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

Community Development Department

Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 Beaverton Oregon.gen

Building Division 12725 SW Millikan Way / PO Box 4755 Approved

Clear Form

<u> </u>	1
	JSE ONLY
Date Received: 08/20/2019	Permit No.: B2019-3536
Date Issued: O-I-I	By: CLOU
CITY OF BEAVERTON	Payment Type:

TYPE	OF WORK
☐ New construction	☐ Demolition
☑ Addition/alteration/replacement	Other:
CATEGORY C	OF CONSTRUCTION
☐ 1- and 2-family dwelling	☑ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	Other:
JOB SITE INFORM	MATION AND LOCATION
Job site address: 9300 SW NIMBUS AV	'E
City/State/ZIP: BEAVERTON OR 97008	8
Suite/bldg./apt. no.:	Project name: NIMBUS VISTA
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIP	TION OF WORK
☐ PROPERTY OWNER	☑ TENANT
Name: NIMBUS VISTA	Note that the second se
Address: 9300 SW NIMBUS AVE	
City/State/ZIP: BEAVERTON OR 9700	8
Phone:	Fax:
E-mail:	
☑ APPLICANT	☐ CONTACT PERSON
Business name: FIRE SYSTEMS WES	Т
Contact name: BRANDON WHITTAKE	
Address: 600 SE MARITIME AVE SU	JITE 300
City/State/ZIP: VANCOUVER WA 9866	61
Phone: (360) 693-9906	Fax:
E-mail: BRANDONW@FIRESYSTE	MSWEST.COM
	TRACTOR
Business name: FIRE SYSTEMS WES	т
Address: 600 SE MARITIME AVE SU	JITE 300
City/State/ZIP: VANCOUVER WA 986	61
Phone: (360) 693-9906	Fax:
CCB lic.: 49732	
Authorized signature: Brandon	nDWhittaker

Date:

08/19/19

Print name:

BRANDON WHITTAKER

RU	I DINO DI IO		
	LDING DIVISIONTA, 1- AND	2-FAMILY DWELLING	
	Permit fees* are based on the value indicate the value (rounded to the n materials, labor, overhead, and the this application.	of the work performed. earest dollar) of all equi	pment, ited on
	Valuation		
	Number, of bedrooms:		
	Number of bathrooms:		
	Total number of floors:		
200.002	New dwelling area:	square feet	
	Garage/carport area:	square feet	
	Covered porch area:	square feet	
	Deck area:	square feet	
	Other structure area:	square feet	
	REQUIRED DATA: COMME	RCIAL-USE CHECKLIS	T
	Permit fees* are based on the value indicate the value (rounded to the materials, labor, overhead, and the this application.	nearest dollar) of all equ	pment,
2763. PM	Valuation	\$11,3	344.00
	Existing building area:	square feet	6018
	New building area:	square feet	6018
	Number of stories:		1
979 (4) 1	Type of construction:		V-B
	Occupancy groups:		В
	Existing:		В
	New:		В
	NOTI	CE	id. Series
	All contractors and subcontractors the Oregon Construction Contract may be required to be licensed in being performed. If the applicant is following reasons apply:	ors Board under ORS 70 The jurisdiction in which	01 and work is
N. S.	BUILDING PE	RMIT FEES*	
12.51 (E.)	Please refer to	10 00 00 00 00 00 00 00 00 00 00 00 00 0	
		\$126.83	
	Fees due upon application	φ120.03	
	Amount received		
	Date received:		
1	This normit application evnir.	s if a nermit is not ob	tained

within 180 days after it has been accepted as complete

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001





Building Permit Application
City of Beaverton Community Development
PO Box 4755, Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550
Internet address: www.beavertonoregon.gov

1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
OFFICE	USE ONLY
Date Receive 9/1,9/2019	Permit No.: B2019-3948
Date Issued: 10/11/4	Ву: СОСС
CITY OF BEAVERTON	Payment Type:

, , , , , , , , , , , , , , , , , , ,	L	OILLOL BEAVERTON L'ASSISSATION
T	YPE OF WORK	BUILDING DIVISION DATA: 1- AND 2-FAMILY DWELLING
☐ New construction	Demolition	Remit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipprent,
Addition/alteration/replacement	Other:	materials, labor, overhead, and the profit for the work indicated on this application.
	RY OF CONSTRUCTION	Valuation Valuation
1- and 2-family dwelling	■ Commercial/industrial	Number, of bedreoms:
☐ Accessory building	☐ Multi-family	Number of bathrooms.
☐ Master builder	Other:	Total number of floors:
JOB SITE INF	ORMATION AND LOCATION	New dwelling area: square feet
Job site address: 14831 SW Teal Blvd		Garage/carport area square feet
City/State/ZIP: Beaverton, OR 97007		Covered porch area: square feet
Suite/bldg./apt. no.: 14831	Project name: Murry Hill VAC TI	Deck area: square feet
Cross street/directions to job site:		
SW Teal and SW Murry Blv	d	Other structure area: square feet
		REQUIRED DATA: COMMERCIAL-USE CHECKLIST Permit fees* are based on the value of the work performed.
		Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on
Subdivision:	Lot no.:	this application.
Tax map/parcel no.:		Valuation \$5,250.00
DESC	RIPTION OF WORK	Existing building area: 6,535.00 square feet
Add (14), Relocate (21), and	d Demo (7) sprinklers, to	New building area: 6,535.00 square feet
accommodate a new tenant	t remodel.	Number of stories: 2,00
	•	Type of construction: VB
	l e e e e e e e e e e e e e e e e e e e	Occupancy groups:
☐ PROPERTY OWNER	■ TENANT	Existing: B
Name: Regency Centers		New: B
Address: 5335 SW Meadows Rd, Suite	295	NOTICE
City/State/ZIP: Lake Oswego, OR		All contractors and subcontractors are required to be licensed with
Phone: (503) 603-4703	Fax:	the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is
APPLICANT	☐ CONTACT PERSON	being performed. If the applicant is exempt from licensing, the following reasons apply:
Business name: Patriot Fire Protection		
Contact name: Joseph Plattner		
Address: 4708 NE Minnehaha Street	A STATE OF THE STA	
City/State/ZiP: Vancouver,WA 97225		
Phone: (360) 699-4403	Fax: (360) 699-4485	DULI DIVO DEDMIT SEES
E-mail: joseph.plattner@patriotfire.com		BUILDING PERMIT FEES*
	CONTRACTOR	Please refer to fee schedule
Business name: same as applicant		Fees due upon application \$284.9
Address:		Amount received
City/State/ZIP:		Date received:
Phone:	Fax:	This permit application expires if a permit is not obtained
CCB lic.: 70822		within 180 days after it has been accepted as complete

Fee methodology set by Tri-County Building Industry Service Board

Authorized signature: Print name:

JoPht

Joseph Plattner

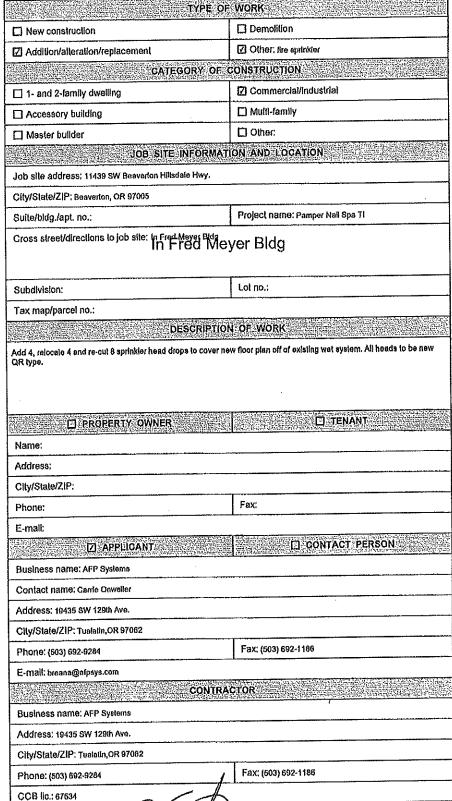
Date: 09/18/19

Community Development Department **Building Division** 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550

General Information (503) 526-2222 V/TDD BeavertonOregon.gov

Date Received:	09/11/2019 Pen	nil No.: B2019-3822
Date Issued: (7 260 0 By:	CIELLA
CIT	Y OF BEAVERTON BY	ment Type:
B(Permit fees* are based on the	AND 2-FAMILY DWELLING. value of the work performed. the nearest dollar) of all equipment, d the profit for the work indicated on
	Valuation	
	Number, of bedrooms:	The state of the s
<u> </u>	Number of bathrooms:	
	Total number of floors:	
	New dwelling area:	square feet
	Garage/carport area:	square feet
	Covered porch area:	square feet
	Deck area:	square feet
	Other structure area:	square feet MMERCIAL-USE CHECKLIST
	Indicate the value (rounded to materials, labor, overhead, a this application.	e value of the work performed, o the nearest dollar) of all equipment, nd the profit for the work indicated on
la to be new	Valuation	\$4,500.00
	Existing building area:	square feet T12,223
	New building area:	square feet
	Number of stories:	
Committee of the Commit	True and annual confidence	V-B
	Type of construction:	
	Occupancy groups:	E
		8
	Occupancy groups:	
	Occupancy groups: Existing: New:	NOTICE
Į.	Occupancy groups: Existing: New: All contractors and subcontrathe Oregon Construction Community by required to be licens.	
1	Occupancy groups: Existing: New: All contractors and subcontrathe Oregon Construction Comay be required to be licens being performed. If the applic following reasons apply: BUILDIN	NOTICE actors are required to be licensed with furctors Board under ORS 701 and ad in the jurisdiction in which work is cent is exempt from licensing, the GPERMIT FEES*
Į.	Occupancy groups: Existing: New: All contractors and subcontrathe Oregon Construction Comay be required to be licens being performed. If the applic following reasons apply: BUILDIN	NOTICE Inclors are required to be licensed with hiractors Board under ORS 701 and ad in the jurisdiction in which work is cent is exempt from licensing, the

OFFICE USE ONLY



Authorized signature:

Print name:

Steve Frost

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

09/09/19

ELECTRONIC SUBMITTA Permit Application SEE I:/BLDG DIV W.G. 8 rity Development Department

eaverton

☐ Addition/alteration/replacement

Job site address: 9847 SW Denney Rd

City/State/ZIP: Beaverton, OR 97008

☑ 1- and 2-family dwelling

☐ Accessory building

Master builder

Suite/bldg./apt. no.:

Tax map/parcel no.:

Cross street/directions to job site:

Subdivision: Denney Gardens

☑ New construction

Building Division

12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

□ Demolition

☐ Multi-family

Other:

Lot no.: 12

☐ Commercial/industrial

Project name: DG # 5

Other:

TYPE OF WORK

CATEGORY OF CONSTRUCTION

JOB SITE INFORMATION AND LOCATION

DESCRIPTION OF WORK

SW Scholls Ferry

BeavertonOregon.ggg

Q	F	~	_	ĩ۱	1	_	D

OFFICE USE ONLY Date Received 8 / 5 / 2019 Permit No.: B2019-3336 Date Issued: CITY

BUILDING DIVISION REQUIRED DATA: 1- AND 2-FAMILY DWELLING Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application. Valuation 224,577.37 4 Number, of bedrooms: 3 Number of bathrooms: 3 Total number of floors: 1679 square feet New dwelling area: 375 Garage/carport area: square feet square feet 32 Covered porch area: square feet 0 Deck area: 0 square feet Other structure area: REQUIRED DATA: COMMERCIAL-USE CHECKLIST Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application. Valuation

Re-issue of lot 16 - B2019-0998		Existing building area: square feet
		New building area: square feet
		Number of stories:
PROPERTY OWNER	☐ TENANT	Type of construction:
Name: Willamette West Habitat for Hun	nanity	Occupancy groups:
Address: 5293 NE Elam Young Pkwy, #	140	Existing:
City/State/ZIP: Hillsboro, OR 97124		New:
Phone: (503) 502-8523	Fax:	NOTICE
E-mail: mikewille@habitatwest.org		All contractors and subcontractors are required to be licensed with
☐ APPLICANT	☑ CONTACT PERSON	the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is
Business name: Willamette West Habitat f	or Humanity	being performed. If the applicant is exempt from licensing, the following reasons apply:
Contact name:		Tollowing reasons apply.
Address: 5293 NE Elam Young Pkwy, #	140	
City/State/ZIP: Hillsboro, OR 97124		
Phone: (503) 502-8523	Fax:	
E-mail: mikewille@habitatwest.org		
CONTRA	CTOR	BUILDING PERMIT FEES*
Business name: Willamette West Habitat f	or Humanity	Please refer to fee schedule
Address: 5293 NE Elam Young Pkwy, #	140	Fees due upon application
City/State/ZIP: Hillsboro, OR 97124		Amount received
Phone: (503) 502-8523	Fax:	Date received:
CCB IIc.: 146735	•	This permit application expires if a permit is not obtained
Authorized signature: Michael Wills		within 180 days after it has been accepted as complete
Print name:	Date:	* Fee methodology set by Tri-County Building Industry Service Board
Michael Wille	08/03/19	·

ELECTRONIC SUBMITTAL Evelopment Department
SEE I:/BLDG DIV W.G. Synthill kan Way / PO Box 4755
Beaverton, OR 97076
100 Few (503) 526-2550

Authorized

signature:

Print name:

Michael Wille

Michael Wille

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 DECEIVED

OFFICE USE ONLY

Date Received 8/5/2019	Permit No.: b2019-3341
	By: aeu
CITY OF BEAVERTON	Payment Type:

W Beaverton	Phone: (503) 526-2493 Fax: (503) 526-255	
OREGON	General Information (503) 526-222 BeavertonOregon.gc	
	TYPE OF WORK	REQUIRED DATA: 1- AND 2-FAMILY DWELLING
☑ New construction	☐ Demolition	Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment,
☐ Addition/alteration/replaceme		materials, labor, overhead, and the profit for the work indicated on
T Addition water and washing come	CATEGORY OF CONSTRUCTION	this application. Valuation 224,577.37
✓ 1- and 2-family dwelling	☐ Commercial/industrial	Number, of bedrooms: 4
Accessory building	☐ Multi-family	
✓ Master builder	☐ Other:	
	B SITE INFORMATION AND LOCATION	
Job site address: 9849 SW [New dwelling area: square feet 1679
City/State/ZIP: Beaverton, (Garage/carport area: square feet 375
Suite/bldg./apt. no.:	Project name: DG # 5	Covered porch area: square feet 32
Cross street/directions to job site		Deck area: . square feet
Citas sugerialisations to job cita	SW Scholls Ferry	Other structure area: square feet C
	- CVV Octions Forty	REQUIRED DATA: COMMERCIAL-USE CHECKLIST
Subdivision: Denney Gardo	ens Lot no.: 13	Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment,
Tax map/parcel no.:		materials, labor, overhead, and the profit for the work indicated on this application.
	DESCRIPTION OF WORK	Valuation
Re-issue of lot 16 - B20	019-0998	Existing building area: square feet
		New building area: square feet
		Number of stories:
	WNER TENANT	Type of construction:
Name: Willamette West	Habitat for Humanity	Occupancy groups:
Address: 5293 NE Elam \		Existing:
City/State/ZIP: Hillsboro, O		New:
Phone: (503) 502-8523	Fax:	NOTICE
E-mail: mikewille@habita	atwest.org	All contractors and subcontractors are required to be licensed with
☐ APPLICAN		the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is
Business name: Willamette	West Habitat for Humanity	being performed. If the applicant is exempt from licensing, the
Contact name: Mike Wille		following reasons apply:
Address: 5293 NE Elam	Young Pkwy, #140	
City/State/ZIP: Hillsboro, O		
Phone: (503) 502-8523	Fax:	
E-mail: mikewille@habita	atwest.org	
	CONTRACTOR	BUILDING PERMIT FEES*
Business name: Willamette	West Habitat for Humanity	Please refer to fee schedule
Address: 5293 NE Elam	Young Pkwy, #140	Fees due upon application
City/State/ZIP: Hillsboro, O		Amount received
Phone: (503) 502-8523	Fax:	Date received:
CCB (Ic.: 146735		This permit application expires if a permit is not obtained

Date:

08/03/19

within 180 days after it has been accepted as complete

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

ELECTRONIC SUBWITTA Permit Application SEE I:/BLDG DIV W. Development Department Building Division

Beaverton

Print name:

Michael Wille

Building Division 12725 SW Millikan Way / PO Box 4755

12/25 SW Millikan Way / PO Box 4755

Beaverton, OR 97076

Do: (503) 526-2550

Phone: (503) 526-2493 Fax: (503) 526-2550 De General Information (503) 526-2222

OFFICE USE ONLY

ate Received:8/6/2019	Permit No.: B2019-3342
ate Issued: 0-2U-(0	By: CLOW
CITY OF BEAVER TON	Payment Type:
RUILDING DIVISION	

	BeavertonOregon.gu	BU	JILDING DIVISION				
πν	PE OF WORK			REQUIRED DATA: 1- AND	A CONTRACTOR CONTRACTO		
☑ New construction	☐ Demolition			Indicate the value (rounded to the I	ees* are based on the value of the work performed. the value (rounded to the nearest dollar) of all equipment,		
☐ Addition/alteration/replacement	Other:		materials, labor, overhead, and the profit for the work indicate this application.			ated on	
CATEGOR	Y OF CONSTRUCTION			Valuation			
☑ 1- and 2-family dwelling	☐ Commercial/industrial •			Number, of bedrooms:		4	
☐ Accessory building	☐ Multi-family			Number of bathrooms:		3	
☐ Master builder	☐ Other:		ľ	Total number of floors:		3	
JOB SITE INFO	RMATION AND LOCATION		ŀ	New dwelling area:	square feet	1580	
Job site address: 9851 SW Denney R	d		-	Garage/carport area:	square feet	375	
City/State/ZIP: Beaverton, OR 97008			-	Covered porch area:	square feet	32	
Suite/bldg./apt. no.:	Project name: DG # 5		ŀ	Deck area:	square feet	0	
Cross street/directions to job site:			\mid	Other structure area:	square feet	0	
SW Scho	olls Ferry		ŀ	REQUIRED DATA: COMME		Several exercise Servi	
Subdivision: Denney Gardens	Lot no.: 14		F	Permit fees* are based on the valu	the same of the design of the same of the		
Tax map/parcel no.:	1 -34.00.14			Indicate the value (rounded to the materials, labor, overhead, and the	nearest dollar) of all equ	uipment,	
	IPTION OF WORK			this application.			
A final professional final complete professional professional and a second final contribution			-	Valuation			
Re-issue of lot 15 - B2019-1001				Existing building area: square feet			
				New building area:	square feet		
				Number of stories:			
	☐ TENANT			Type of construction:		~	
Name: Willamette West Habitat for	Humanity			Occupancy groups:			
Address: 5293 NE Elam Young Pky	vy, #140			Existing:			
City/State/ZIP: Hillsboro, OR 97124			ľ	New:			
Phone: (503) 502-8523	Fax:		f	NOT	ICE		
E-mail: mikewille@habitatwest.org			t	All contractors and subcontractors	are required to be licen	sed with	
☐ APPLICANT	☑ CONTACT PERSO	N .		the Oregon Construction Contractor	ors Board under ORS 70 the jurisdiction in which	01 and work is	
Business name: Willamette West Hab	oitat for Humanity			being performed. If the applicant is following reasons apply:	s exempt from licensing,	, the	
Contact name: Mike Wille			ŀ				
Address: 5293 NE Elam Young Pky	vy, #140						
City/State/ZtP: Hillsboro, OR 97124				•			
Phone: (503) 502-8523	Fax:						
E-mail: mikewille@habitatwest.org			-				
CO	NTRACTOR		ŀ	BUILDING PE	as preferance to the first and a second or and a con-		
Business name: Willamette West Hab	oitat for Humanity			Please refer to	fee schedule		
Address: 5293 NE Elam Young Pkv	wy, #140			Fees due upon application			
City/State/ZIP: Hillsboro, OR 97124				Amount received			
Phone: (503) 502-8523	Fax:			Date received:			
CCB lic.: 146735				This permit application expire	es If a permit is not ob	tained	
Authorized signature: Michael Wille				within 180 days after it has i	been accepted as com	plete .	

Date:

08/03/19

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Print name: Rober +

Community Development Department **Building Division**

12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

OFFICE USE ONLY					
Date Received:	Permit No.: 82019 415/				
Date Issued:	ву:				
	Payment Type:				

V OREGON	BeavertonOregon.gov		Paymen	t Type:
T	YPE OF WORK	REQUI	IRED DATA: 1- ANI	D 2-FAMILY DWELLING
☐ New construction	☑ Demolition			ue of the work performed.
Addition/alteration/replacement	Other:	materials, labo	or, overhead, and the	nearest dollar) of all equipment, e profit for the work indicated on
	RY OF CONSTRUCTION	this application	im ii/	
1- and 2-family dwelling	☐ Commercial/industrial	Number. of	hodrooms:	
☐ Accessory building	☐ Multi-family			
☐ Master builder	Other:	Number of I		
	FORMATION AND LOCATION	Total numb		
Job site address: 15050 SW Davis rd		New dwellin	ng area:	square feet
City/State/ZIP:Beaverton Oregon 97		Garage/car	port area:	square feet
Suite/bldg./apt. no.:	Project name: Sickles	Covered po	ırch area:	square feet
Cross street/directions to job site: W. of S		Deck area:		square feet
Closs sheardhous to job she. VV. Of C	VV 150til AVC	Other struc	ture area:	square feet
		REQUIR	(ED DATA: COMMI	ERCIAL-USE CHECKLIST
Subdivision:	Lot no.:			ue of the work performed. nearest dollar) of all equipment,
Tax map/parcel no.:1s120aa03001			or, overhead, and the	e profit for the work indicated on
DESC	RIPTION OF WORK	Valuation	2,	
Demo of 720 sq ft home		Existing but	ilding area:	square feet
		New buildir		square feet
		Number of		
PROPERTY OWNER	☐ TENANT	Type of cor		5-40-00-00-00-00-00-00-00-00-00-00-00-00-
Name:Robert Sickles		Occupancy	groups:	
Address:15050 SW Davis Rd.		Existing	g:	
City/State/ZIP:Beaverton Or 97007		New:		
Phone: (503) 765-5745	Fax:		NOT	ice.
E-mail:marine_bob550@hotmail.	com	All contractors		s are required to be licensed with
☑ APPLICANT	✓ CONTACT PERSON	the Oregon Co	onstruction Contract	tors Board under ORS 701 and the jurisdiction in which work is
Business name: Powers Const & Co	nsulting Ilc	being perform	ed. If the applicant is	s exempt from licensing, the
Contact name: Jamie Powers		following reason	ons apply:	
Address:345 Edgewater rd				
City/State/ZIP:Gladstone Oregon 9	7027			
Phone:(503) 484-4011	Fax:			
E-mail:jamiecpowers@gmail.com	1			
Ċ	ONTRACTOR		BUILDING PE	RMIT FEES*
Business name: Black Diamond Exc	avating		Please refer to) fee schedule
Address:PO Box 293		Fees due upo	n application	
City/State/ZIP:Boring Or 97089		Amount receiv	ved	
Phone: (503) 936-0822	Fax:	Date received	:	
CCB lic.:192634	3	This parmi	it application evolv	es if a permit is not obtained
Authorized signature:	The state of the s			been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Print name:

Kaitlin Rowland

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550

OFFICE USE ONLY						
Date Received:	01	10	Permit No.: 152019-4120			
Date Issued:		111	Ву:			
			Payment Type:			

OREGON	General Information (503) 526-2222 BeavertonOregon.geg	Payment Type:
		REQUIRED DATA: 1- AND 2-FAMILY DWELLING
	TYPE OF WORK	Permit fees* are based on the value of the work performed.
☐ New construction	Demolition	indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on
☑ Addition/alteration/replacement	Other:	this application.
CA	TEGORY OF CONSTRUCTION	Valuation
1- and 2-family dwelling	☑ Commercial/industrial	Number. of bedrooms:
☐ Accessory building	☐ Multi-family	Number of bathrooms:
☐ Master builder	Other:	Total number of floors:
JOB SI	TE INFORMATION AND LOCATION	New dwelling area: square feet
Job site address: 10029 SW Nir	nbus Ave	Garage/carport area: square feet
City/State/ZIP: Beaverton, OR	97008	Covered porch area: square feet
Suite/bldg./apt. no.: Suite 23	Project name: Performance Wellness	TI Deck area: square feet
Cross street/directions to job site:		Other structure area: square feet
		REQUIRED DATA: COMMERCIAL-USE CHECKLIST
Subdivision:	Lot no.:	Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on
Tax map/parcel no.:	DESCRIPTION OF WORK	this application.
		Valuation 749
Add one fire sprinkler head	I in office head.	Existing building area: square feet
		New building area: square feet (
		Number of stories:
□ PROPERTY OWNE	R D TENANT	Type of construction:
Name:		Occupancy groups:
Address:		Existing:
City/State/ZIP:		New:
Phone:	Fax:	NOTICE
E-mail:		All contractors and subcontractors are required to be licensed with
	☐ CONTACT PERSON	the Oregon Construction Contractors Board under ORS 701 and
Business name: Wyatt Fire Pro	tection	being performed. If the applicant is exempt from licensing, the following reasons apply:
Contact name: Kaitlin Rowland		Tollowing rouses apply)
Address: 9095 SW Burnham	St	
City/State/ZIP: Portland, OR 97	7223	
Phone: (503) 684-2928	Fax:	
E-mail: k.rowland@wyattfire	.com	
	CONTRACTOR	BUILDING PERMIT FEES*
Business name: Same as Appl	icant	Please refer to fee schedule
Address:		Fees due upon application
City/State/ZIP:		Amount received
Phone:	Fax:	Date received:
CCB lic.: 64077		This permit application expires if a permit is not obtained
Authorized Kaitlin Row	land	within 180 days after it has been accepted as complete

Date:

10/01/19

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



signature:

Print name:

Alex Hooyman

Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

OFFICE (JSE ONL	1	
09/05/2019	Permit No.:	B2019-3744	

Date Received Date Issued: CITY OF BEAVERTON

	Deaverton Oregonigov	BUIL	DING DIVISION		Sandra (1.1)
Ţ	YPE OF WORK		DING DIVISION BATA: 1- AN	D 2-FAMILY DWELLING	
☐ New construction	☐ Demolition		Permit fees* are based on the val indicate the value (rounded to the	nearest dollar) of all equip	ment,
☑ Addition/alteration/replacement	Other:		materials, labor, overhead, and the this application.	e profit for the work indical	led on
CATEGO	RY OF CONSTRUCTION		Valuation	\$5,300	
☑ 1- and 2-family dwelling	☐ Commercial/industrial		Number, of bedrooms:		
☐ Accessory building	☐ Mutti-family		Number of bathrooms:		
☐ Master builder	Other:		Total number of floors:		
JOB SITE INF	ORMATION AND LOCATION		New dwelling area:	square feet	
Job site address: 7160 SW 142nd av	е		Garage/carport area:	square feet	
City/State/ZIP:Beaverton OR			Covered porch area:	square feet	96
Suite/bldg./apt. no.:	Project name: Lundeen Covered Dec	k	Deck area:	square feet	153
Cross street/directions to job site: sw barlo	ow rd			square feet	
			Other structure area: REQUIRED DATA: COMM	-	
O. L. Historia	Lot no.:		Permit fees* are based on the va	Children and Child	Ac Volume
Subdivision:			Indicate the value (rounded to the materials, labor, overhead, and the	nearest dollar) of all equip	pment, ted on
Tax map/parcel no.:	RIPTION OF WORK		this application.	•	
	re over it. Widen door leading onto the	1-14-14	Valuation		
deck by 8"	e over it. Wider door leading onto the		Existing building area:	square feet	
, -			New building area:	square feet	
			Number of stories:		
☐ PROPERTY OWNER	☐ TENANT		Type of construction:		
Name:			Occupancy groups:		
Address:			Existing:		
City/State/ZIP:			New:		
Phone:	Fax:		NO.	TICE	
E-mail:			All contractors and subcontractor	rs are required to be licens	ed with
☑ APPLICANT	☐ CONTACT PERSON		the Oregon Construction Contract	ctors Board under ORS 70 In the jurisdiction in which w	1 and ork is
Business name: NW General Contra	eting		being performed. If the applicant following reasons apply:	is exempt from licensing, t	he
Contact name: Alex Hooyman			Tollowing Toucons apply		
Address:4417 sw lobelia st					
City/State/ZIP:Portland OR 97219					
Phone: (541) 337-2219	Fax:				
E-mail:alex@nwgeneralcontraction	ng.com				
c	ONTRACTOR		The Conference of the Conference of the Association of the Conference of the Confere	ERMIT FEES*	
Business name: NW General Contra	acting		Please refer	to fee schedule	
Address:4417 sw lobelia st			Fees due upon application	\$127.03	
City/State/ZIP: Portland OR 97219			Amount received		
Phone: (541) 337-2219	Fax:		Date received:		
CCB lic.:210107			This permit application exp	ires if a permit is not obt	ained
Authorized			within 180 days after it has	s been accepted as comp	lete

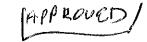
Date:

09/04/20

 Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

Sun Room Add.



Building Permit Application

Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

RECEIVEN	
OFFICE U	JSE ONLY
Date Received: U9/09/2019	Permit No.: B2019-3792
Date Jasued (UFS)	By: COLV
CITY OF BEAVERTO	Payment Type:

	Beaverton Oregon.gov L
n	YPE OF WORK
☐ New construction	☐ Demoliion
Addition/alteration/replacement	Other:
CATEGOR	Y OF CONSTRUCTION
☑ 1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Olher:
JOB SITE INFO	ORMATION AND LOCATION
Job site address: 14140 sw Paddock	Ct.
city/State/ZIP: Beaverton, OR 9700	9
Suite/bidg./apt. no.:	Project name: Bogle 6409
Cross street/directions to job site:	
Subdivision:Paddock Ct.	Lot no.:Lot 2
Tax map/parcel no.:1S128CB14300	
DESC	RIPTION OF WORK
10' X10' SUNROOM ATTACHE	D TO HOUSE.
☑ PROPERTY OWNER	☐ TENANT
Name: Kelly Bogle	
Address:14140 SW Paddock Ct.	
City/State/ZIP: Beaverton, OR 9700	
Phone:(503) 836-2638	Fox:
E-mail:Kellybogle@frontler.com	
☑ APPLICANT	☑ CONTACT PERSON
Business name: Champion Window	
Contact name: Joe Burnett	
Address: 13009 NE David Circle	
city/State/ZIP:Portland, OR 97230	
Phone:(360) 903-2241	Fax:
E-mall:joe.burnett@getchampion	.com
	ONTRACTOR
Business name Champion Window	
Address:13009 NE David Circle	
city/state/zip:Portland, OR 97230	
Phone:(971) 334-8122	Fax:
CCB IIc.:180343	Annual of the state of the stat
Authorized algrature:	
Print name:	Data:

Print name:

OF BEAVERTO Payment Ty	/pe:
DING DIVISION REQUIRED DATA: 1- AND 2	FAMILY DWELLING
Permit fees' are based on the value of indicate the value (rounded to the neamaterials, labor, overhead, and the property application.	arest dollar) of all equipment.
Valuation	41,67
Number, of bedrooms;	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport erea:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area;	square feet 10
REQUIRED DATA: COMMER	CIAL-USE CHECKLIST
Permit fees* are based on the value indicate the value (rounded to the ne materials, fabor, overhead, and the paths application.	arast dellar) of all equipment.
Valuation	
Existing building area:	square feet
New building erea:	aquare feet
Number of stories:	
Type of construction	
Occupancy groups:	
Existing:	
New;	
Notic	E
All contractors and subcontractors a the Oregon Construction Contractor may be required to be licensed in the being performed. If the applicant is a following reasons apply:	rs Board under ORS 701 and se turisdiction in which work is
BUILDING PER	MIT FEES.
Please refer to f	ee schedule
Please refer to f	TAU939
	lee schedule

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Print name:

Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

BeavertonOregon.gc

R	E	C	Ë	I١	1	E	Γ	þ

OFFICE USE ONLY		
Date Received: 2 1 2018	Permit No. 3018-6068	
Date Issued: 10-7-10	By: CLOV	
CITY OF BEAVERTON	Payment Type:	
BUILDING DIVISION		

TYPE OF	WORK	REQUIRED DATA: 1- AND 2-FAM	ILY DWELLING	
☑ New construction	☐ Demolition	Permit fees* are based on the value of the Indicate the value (rounded to the nearest	dollar) of all equipment,	
☐ Addition/alteration/replacement	☐ Other:	materials, labor, overhead, and the profit for the work indication.		
CATEGORY OF C	ONSTRUCTION	Valuation		
☐ 1- and 2-family dwelling	☑ Commercial/industrial	Number, of bedrooms:		
☐ Accessory building	☐ Multi-family	Number of bathrooms:		
☐ Master builder	☐ Other:	Total number of floors:		
5 JOB SITE INFORMATI	ON AND LOCATION	New dwelling area:	square feet	
Job site address: 11360 SW CANYON RO	AD.	Garage/carport area:	square feet	
City/State/ZIP: BEAVERTON, OR 94005		Covered porch area:	square feet	
Suite/bldg./apt. no.:	Project name: WINGSTOP	Deck area:	square feet	
Cross street/directions to job site: SW CANYON	ROAD & 217 FRONTAGE ROAD			
		Other structure area:	square feet	
Subdivision:	Lot no.:	REQUIRED DATA: COMMERCIAL- Permit fees* are based on the value of the		
Tax map/parcel no.: 1S1-15AB, TAX LOT 50		Indicate the value (rounded to the nearest materials, labor, overhead, and the profit for	dollar) of all equipment,	
DESCRIPTION		this application.		
		Valuation	\$175,000	
FIRST GENERATION TENANT IMPR RESTAURANT.	OVEMENT FOR FAST FOOD	Existing building area:	square feet 1,785	
SHELL BUILDING PERMIT #B216-3654		New building area:	square feet	
		Number of stories:	1	
☐ PROPERTY OWNER	☑ TENANT	Type of construction:	II-B	
Name: BRETT WILES		Occupancy groups:	A2	
Address: 23 VIA ANDAREMOS		Existing:	***************************************	
City/State/ZIP: SAN CLEMENTE, CA 9267	73	New:	MAIN V	
Phone: (949) 521-3438	Fax:	NOTICE		
E-mail:		All contractors and subcontractors are requ	uired to be licensed with	
☑ APPLICANT	☑ CONTACT PERSON	the Oregon Construction Contractors Boar may be required to be licensed in the jurisi	d under ORS 701 and	
Business name: MICHAEL J. WILKUS, AR	CHITECT	being performed. If the applicant is exempt from licensing, the following reasons apply:		
Contact name: JIM SULTANY		Tollowing reasons apply.		
Address: 15 NINTH AVENUE NORTH				
City/State/ZIP: HOPKINS, MN 55343				
Phone: (952) 941-8660	Fax: (952) 941-2755			
E-mail: JSS@WILKUSARCH.COM				
CONTRAC	TOR	BUILDING PERMIT F		
Business name: TBD A legis	Construction	Please refer to fee sch		
Address: 12909 5 W 6	8th PKY suite 170	Fees due upon application	1,971.49	
City/State/ZIP: Port land		Amount received		
Phone: 503-427-6065	Fax: 503-427-6066	Date received:		
CCB lic.: 191668		This permit application expires if a p	ermit is not obtained	
Authorized signature:		within 180 days after it has been ac		

 Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Print name:

-E3BDAFC76A8E4E3...

Zane Goff

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222

OFFI	CE USE ONLY
Date Received: 16 (1)	Permit No. 8520194103
Date Issued:	By:
	Payment Type:

O R E G O M	BeavertonOregon.gov	Payment	1 ypa:	
1	TYPE OF WORK	REQUIRED DATA: 1- AND	2-FAMILY DWELLING	
☐ New construction	Demolition	Permit fees* are based on the value indicate the value (rounded to the ri	of the work performed.	
✓ Addition/alteration/replacement	☐ Other:	materials, labor, overhead, and the this application.	profit for the work indicated on	
	RY OF CONSTRUCTION	Valuation	19,960	
☑ 1- and 2-family dwelling	☐ Commercial/industrial	Number, of bedrooms;		
Accessary building	☐ Multi-family	Number of bathrooms:		
Master builder	Other:	Total number of floors:		
	FORMATION AND LOCATION		square feet	
Job site address: 160 SW 167th Ave		New dwelling area:		
City/State/ZIP:Beaverton, OR 9700		Garage/carport area:	square feet	
Suite/bidg./apt. no.:	Project name: Scarlata	Covered porch area:	square feet	
Cross street/directions to job site: Sw 167	The state of the s	Deck area:	square feet	
Citas andanaliaciama to jou dies Off 101		Other structure area:	square feet	
		REQUIRED DATA: COMME	Target by a policy and the China Chi	
Subdivision:	Lot no.:	Permit fees* are based on the value indicate the value (rounded to the re-	rearest dollar) of all equipment.	
Tax map/parcel no.:		materials, labor, overhead, and the this application.	profit for the work indicated on	
DES	CRIPTION OF WORK	Valuation		
6.1kW Rooftop Solar PV. Inter	connection at Main panel	Existing building area:	square feet	
		New building area:	square feet	
		Number of stories;		
☐ PROPERTY OWNER	□ TENANT	Type of construction:		
Name:		Occupancy groups:		
Address:		Existing:		
City/State/ZIP:		New:		
Phone:	Fax:	NOTI	ĊE	
E-mail:		All contractors and subcontractors	are required to be licensed with	
☑ APPLICANT	☐ CONTACT PERSON	the Oregon Construction Contractor	ors Board under ORS 701 and he jurisdiction in which work is	
Business name: Neil Kelly Co		being performed. If the applicant is following reasons apply:	being performed. If the applicant is exempt from licensing, the	
Contact name: Zane Goff		toncers ground oppriv		
Address: 804 N Alberta St				
City/State/ZIP:Portland, OR 97217				
Phone:(503) 335-9218	Fax:			
E-mail:zane.goff@neilkelly.com				
	CONTRACTOR	BUILDING PE		
Business name: Neil Kelly Co		Please refer to	fee schedule	
Address: 804 N Alberta St		Fees due upon application		
City/State/ZIP:Portland, OR 97217		Amount received		
Phone: (503) 335-9218	Fax:	Date received:		
CCB IIc.: 1663		This permit application expire	is if a permit is not obtained	
Authorized signature: Pany 60#		within 180 days after it has i	peen accepted as complete	

Date:

09/30/20

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

Building Permit Application Wunderland Laser

Authorized signature:

Print name:

Juergen Panoscha

Community Development Department **Building Division** 12725 SW Millikan Way / PO Box 4755

Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

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- P T E		L.,	
- Dec -	 * * * *	_	

OFFICE USE ONLY

Permit No.: B2019-3448 Date Rece**8**e/0:12/2019 Date Issued: 10-4-19 CITY OF BEAVERTON

BeavertonOregon.gov BUILDING DIVISION REQUIRED DATA: 1- AND 2-FAMILY DWELLING TYPE OF WORK Permit fees* are based on the value of the work performed. ☐ New construction □ Demolition Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on Other: ☑ Addition/alteration/replacement this application. CATEGORY OF CONSTRUCTION Valuation ☐ 1- and 2-family dwelling Commercial/industrial Number, of bedrooms: ☐ Accessory building ☐ Multi-family Number of hathrooms: ☐ Master builder ☐ Other: Total number of floors: JOB SITE INFORMATION AND LOCATION New dwelling area: square feet Job site address: 17235 NW Corridor Ct. square feet Garage/carport area: City/State/ZIP: Beaverton, OR 97006 Covered porch area: square feet Project name: Wunderland laser tag ren Suite/bldg./apt. no.: Suite 150 square feet Deck area: Cross street/directions to job site: NW Cornell Rd to NW 173rd Ave to NW Corridor Other structure area: square feet CT. See Vicinity map A1.0 REQUIRED DATA: COMMERCIAL-USE CHECKLIST Permit fees* are based on the value of the work performed. Subdivision: Cornell Home Center Lot no .: Indicate the value (rounded to the nearest dollar) of all equipment, Tax map/parcel no.: 1N130DC00700 materials, labor, overhead, and the profit for the work indicated on this application. DESCRIPTION OF WORK Valuation \$ 190,000.00 Renovate ex. 3,813sf Laser Tag Arena. remove ex. play structures, susp. Existing building area: square feet ceiling & lights. Install new suspended Lights (Deferred). Reconfigure New building area: square feet ex HVAC, sprinkler and fire alarm (Deferred). Install new laser tag play structures, extend drywall to roof. Number of stories: PROPERTY OWNER Z TÉNANT III-B fully sprinklered Type of construction: Name: McKee Enterprises, Inc. Occupancy groups: Address: 16125 SE 98th Ave., Unit B Existing: City/State/ZIP: Clackamas, OR 97015 New: Phone: (503) 238-8582 Fax: NOTICE E-mail: mckee@easystreet.net All contractors and subcontractors are required to be licensed with ☑ APPLICANT ☑ CONTACT PERSON the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is Business name: Kidd Panoscha Architecture & Design being performed. If the applicant is exempt from licensing, the following reasons apply: Contact name: Juergen Panoscha Address: 3435 NE 45th Ave., Suite B City/State/ZIP: Portland, OR 97213 Phone: (503) 351-7923 Fay: E-mail: juergen@kiddpanoscha.com BUILDING PERMIT FEES" CONTRACTOR Please refer to fee schedule Business name: The Harver Company Fees due upon application Address: 10,000 Commerce Circle City/State/ZIP: Wilsonville, OR 97070 Amount received Phone: (503) 624-1453 Fax: Date received: CCB fic.: 64878

Date:

07/19/19

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

12,902

12.902

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A-3 & A-1

Print name:

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222

OFFICE	USE ONLY
Date Received: (() - 4-19	Permit No.: 38019-4170
Date Issued: 0 - 41-19	By: W
	Payment Type: (NUCL

(0 11 g 0 0 11	BeavertonÓregon.gov	T aymonk 1 ypo.	· ·	
TYPE OI	WORK	REQUIRED DATA; 1- AND 2-FAI	and the control of th	
☐ New construction	☐ Demoiltion	Permit fees* are based on the value of the work performed Indicate the value (rounded to the nearest dollar) of all equ		
Addition/alteration/replacement	☐ Other:	materials, labor, overhead, and the profit for the work indicated this application.		
CATEGORY OF	CONSTRUCTION	Valuation		
☐ 1- and 2-family dwelling	☐ Commercial/industrial	Number, of bedrooms:		
☐ Accessory building	☐ Multi-family	Number of bathrooms:		
☐ Master builder	☐ Other:	Total number of floors:		
JOB SITE INFORMAT	ION AND LOCATION	New dwelling area:	square feet	
Job site address: 14900 5 10	Barrais	Garage/carport area:	square feet	
City/State/ZIP: Beaver for	Orego	Covered porch area:	square feet	
Suite/bldg./apt. no.:	Project name: Cumbles	Deck area:	square feet	
Cross street/directions to job site:	urry & Barrows	Other structure area:	square feet	
		REQUIRED DATA: COMMERCIAL		
Subdivision:	Lot no.:	Permit fees* are based on the value of the	e work performed.	
Tax map/parcel no.:	Ect no.	Indicate the value (rounded to the neares materials, labor, overhead, and the profit	t dollar) of all equipment,	
	N OF WORK	this application.		
Install 2	1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	Valuation	2000	
Install 2	torus trobes	Existing building area:	square feet	
		New building area:	square feet	
10 ex515	tring system	Number of stories:		
☐ PROPERTY OWNER	↑ □ TENANT	Type of construction:		
Name: TECOM		Occupancy groups:		
Address:		Existing:		
City/State/ZIP:		New:		
Phone:	Fax:	NOTICE		
E-mail:		All contractors and subcontractors are rec	quired to be licensed with	
☐ APPLICANT	CONTACT PERSON	the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed, if the applicant is exempt from licensing, the following reasons apply:		
Business name: TEL COMU	Murca trong Inc			
Contact name: 155 545	ngu			
Address: POBOX 803	587		e	
City/State/ZIP (AMCOUVE)	WM 2868	/		
Phone: 360 7379/25	Fax: 360/3/9690	<u>,</u>		
E-mail: Office TL	COMMUNICATORS &	BUILDING PERMIT	FEES*	
Business name: TTI (5) MANA	yuicatrons Fac	Please refer to fee sci	hedule	
Address: PO Box C 387		Fees due upon application	\$179.85	
City/State/ZIP: / //////CE) Lt.1	Amount received			
Phone: 2607379725	Fax: 3607379648	Date received:		
CCB lic.: 677.57		This permit application expires if a p	permit is not obtained	
Authorized signature:	J :	within 180 days after it has been ac	ccepted as complete	

Industry Service Board

Form B70-1001



Print name:

Josh Kopczynski

Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

OFFICE	USE ONLY
Date Received 0/07/2010	Permit No.: B2019-4183
Date Issued: 10 - 7-19	By: 1/1/
CITY OF DEALES	Payment Type: VISA

Ó R E G Ó N.	General Information (503) 526-2222	CITY	OF DEALER-	Payment Type:	1156
	BeavertonOregon.gov		OF BEAVERTON		V DWEGUNG
	TYPE OF WORK	Series and	LING DEADREADA	on the value of the v	vork performed.
☐ New construction	☐ Demolition		Indicate the value (rour materials, labor, overhe	nded to the nearest d	ollar) of all equipment,
Addition/alteration/replacement	☑ Other: Prescriptive New S	olar Array	this application.	200, and are pressive	
CATEG	ORY OF CONSTRUCTION		Valuation		\$4,800
1- and 2-family dwelling	☐ Commercial/Industrial		Number, of bedroon	ńs:	
☐ Accessory building	☐ Multi-family		Number of bathroom	ns:	
☐ Master builder	Other;	The St. of the Control	Total number of floo	ors:	
JOB SITE II	NFORMATION AND LOCATION		New dwelling area:		square feet
Job site address: 17340 NW Berna	rd PL		Garage/carport area		square feel
City/State/ZIP: Beaverton, OR 970	06		Covered porch area	·	squaré feet
Sulte/bldg./apt. no.:	Project name: Gaddis, Karen		Deck area:		square feet
Cross street/directions to Job site: 173rd	St and Walker		Other structure area		square feet
			REQUIRED DAT	ra: Commercial-L	JSE CHECKLIST
Subdivision:	Lot no.:		Permit fees* are based	on the value of the v	vork performed.
Tax map/parcel no.:			Indicate the value (rout materials, labor, overhi	nded to the nearest d ead, and the profit fo	r the work indicated on
	SCRIPTION OF WORK		this application.		
Prescriptive new Solar Array in	nstallation 4.38kW		Existing building are		square feet
•			New building area:		square feet
			Number of stories:		
PROPERTY OWNER	☐ TENANT		Type of construction	n:	
Name: Karen Gaddis			Occupancy groups:	· · · · · · · · · · · · · · · · · · ·	
Address: 17340 NW Bernard PL			Existing:		
city/State/ZIP: Beaverton, OR 970	006		New:		
Phone: (503) 645-0659	Fax:			NOTICE	
E-mail: alangaddis@comcast.ne	et .		All contractors and sul	bcontractors are requi	ired to be licensed with
□ APPLICANT	☐ CONTACT PERSO	N	the Oregon Construction may be required to be	on Contractors Board	i under ORS 701 and
Business name: Dynamic Power Ir	nnovation		being performed. If the following reasons appl	e applicant is exempt	from licensing, the
Contact name: Josh Kopczynski			tollowing reasons appr	·y•	
Address: 20345 SW Pacific HW	Y Suite 103				
city/State/ZIP: Sherwood, OR 971	140				
Phone: (503) 857-0099	Fax:				
E-mail: permits@dpisolar.com				ere resolved Newscape 2	
	CONTRACTOR	E STANDARD	STORY ALLEGATION OF THE STORY	ILDING PERMITER	ation to the state of the state
Business name: Dynamic Power In	nnovation		Ple	ease refer to fee sche	
Address: 20345 SW Pacific HW	Y Suite 103		Fees due upon applic	ation	\$128.80
City/State/ZIP: Sherwood, OR 971	140		Amount received		
Phone: (503) 857-0099	Fax:		Date received:		
ССВ IIс.: 185494			This permit applic	ation expires if a p	ermit is not obtained
Authorized			within 180 days	after it has been acc	cepted as complete

Date:

09/27/19

 Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

Community Development Department
Building Division

	OFFICE L	JSE ONLY	
Date Received: 5-10-20	119	Permit No.: B2019-199	3
Date Issued:	1. M	AyC	
10 101	(100	Payment Type:	
 			

TELECTRATION OF THE		Date Issued:	A BLOWN PARCE	
SEE I:/BLDG DIV W	BeavertonOregon.ge		O O O Paymen	t Type:
	PE OF WORK		REQUIRED DATA: 1- AN	D 2-FAMILY DWELLING
☐ New construction ☐ Demolition			Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment,	
☑ Addition/alteration/replacement	C Other:		materials, labor, overhead, and the profit for the work indications this application.	
CATEGORY	OF CONSTRUCTION		Valuation	
☐ 1- and 2-family dwelling	☑ Commercial/industrial		Number, of bedrooms:	
☐ Accessory building	☐ Multi-family		Number of bathrooms:	
☐ Master builder	Other:		Total number of floors:	
JOB SITE INFO	RMATION AND LOCATION		New dwelling area:	square feet
Job site address: 12570 SW 1ST STR	EET		Garage/carport area:	square feet
City/State/ZIP: BEAVERTON, OREG	ON 97005			square feet
Suite/bldg./apt. no.;	Project name: KOYA SUSHI		Covered porch area:	
Cross street/directions to job site: SW 1ST	AND SW WATSON		Deck area:	square feet
SV4 FOT	AND OW WATER		Other structure area:	square feet
			REQUIRED DATA: COMMI	
Subdivision:	Lot no.: 1A116AD04900		Permit fees* are based on the value Indicate the value (rounded to the	nearest dollar) of all equipment,
Tax map/parcel no.: R125750			materials, labor, overhead, and the this application.	e profit for the work indicated on
DESCR	IPTION OF WORK		Valuation	90,000
TI TO CONVERT MVP DANCE S	STUDIO TO NEW SUSHI RESTA	URANT	Existing building area:	square feet 5630
	·		New building area:	square feet (
			Number of stories:	1
☐ PROPERTY OWNER	☑ TENANT		Type of construction:	III B
Name: KATHY KO			Occupancy groups:	
Address: 12570 SW 1ST STREET			Existing:	A3
City/State/ZIP: BEAVERTON, OR 97	005	10.	New:	A2
Phone: (858) 337-3724	Fax:		NOT	
E-mail: KMP.KO.567@GMAIL.COM	М		All contractors and subcontractors	are required to be licensed with
☑ APPLICANT	☐ CONTACT PERSON		the Oregon Construction Contract	ors Board under ORS 701 and
Business name: INK:BUILT ARCHITECTURE		may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the		
Contact name: ANDREA WALLACE			following reasons apply:	
Address: 2808 NE MLK JR BLVD, S	SUITE G			
City/State/ZIP: 97212				
Phone: (503) 740-8328	Fax:			
E-mail: ANDREA@INKBUILTDESI	GN.COM			
	NTRACTOR		BUILDING PE	RMIT FEES*
Business name: SO HUTCHINSON	1 446-		Please refer to	fee schedule
	Dr. 4123		Fees due upon application	\$1,303.57
, , ,	97124		Amount received	
Phone: 50 3 956-9712	Fax: Schutcher Dem	1/100	Date received:	
CCB lic.: 1 /9706.3	0		This permit application expir	es if a normit is not obtained
Authorized signature:				been accepted as complete

Date:

05/09/19

Print name:

ANDREA WALLACE

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

Approved



signature:

Print name:

Katie Harbaugh

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076

Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.g價質

DECEMBE	
OFFICE	USE ONLY
Date Received: 0,9/10/2019	Rermit No.: B2019-3811
Date Issued/ 0/0/2019	4.
CITY OF BEAVEDTO	Payment Type:

TYPI	OF WORK	REC
☐ New construction	☐ Demolition	Permit fees' Indicate the
☑ Addition/alteration/replacement	Other:	materials, la this applica
	OF CONSTRUCTION	Valuation
☐ 1- and 2-family dwelling	☑ Commercial/industrial	Number.
Accessory building	☐ Multi-family	Number
☐ Master builder	☐ Other:	Total nu
	RMATION AND LOCATION	New dw
Job site address: 13979 SW Millikan W	/ay	Garage/
city/State/ZIP: Beaverton, OR 97005		Covered
Suite/bldg./apt. no.:	Project name: Vernier Software & Tech	
Cross street/directions to job site:		Deck an
		Other st
		REQ Permit fee:
Subdivision:	Lot no.:	Indicate th
Tax map/parcel no.:		materials, this applica
DESCRI	PTION OF WORK	Valuation
Install AES Radio		Existing
		New bu
		Numbe
☐ PROPERTY OWNER	☐ TENANT	Type of
Name:		Occupa
Address:		Exi
City/State/ZIP:		Ne
Phone:	Fax:	
E-mail:		All contrac
☑ APPLICANT	☑ CONTACT PERSON	the Orego may be re
Business name: Performance System	s Integrated	being per
Contact name: Katie Harbaugh		I tollowing
Address: 7324 SW Durham Rd		<u> </u>
City/State/ZIP: Portland, OR 97224		 -
Phone: (503) 641-2222	Fax: (503) 641-1464	4
E-mall: katieh@psintegrated.com		
СО	NTRACTOR	1 -
Business name: Performance System	ns Integrated	_
Address: 7324 SW Durham Rd		Fees due
City/State/ZIP: Portland, OR 97224		Amount r
Phone: (503) 641-2222	Fax: (503) 641-1464	Date rece
CCB lic.: 227526		This p
Authorized		withi

Date:

09/09/19

OF BEAVERTON (1891) BUILDING DIVISION 1- AND 2-FAMILY DWELLING REQUIRED DATA 1- AND 2-FAMILY DWELLING are based on the value of the work performed. value (rounded to the nearest dollar) of all equipment, bor, overhead, and the profit for the work indicated on ion. of bedrooms: of bathrooms: mber of floors: square feet elling area: square feet carport area: square feet porch area: square feet ea: square feet ructure area: UIRED DATA: COMMERCIAL-USE CHECKLIST * are based on the value of the work performed. e value (rounded to the nearest dollar) of all equipment, abor, overhead, and the profit for the work indicated on ition. \$1,068.00 square feet building area: square feet ilding area: of stories: construction: ncy groups: sting: N: NOTICE stors and subcontractors are required to be licensed with n Construction Contractors Board under ORS 701 and quired to be licensed in the jurisdiction in which work is ormed. If the applicant is exempt from licensing, the easons apply: **BUILDING PERMIT FEES*** Please refer to fee schedule \$36.44 upon application eceived ived:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Print name:

GARY CHRISTENSON

Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

OFFICE USE ONLY		
Date Received:	Permit No. 6 2019 4208	
Date issued: 0/9/X)	Byl	
7 9 1 9 1	Payment Type:	

•	BeavertonOregon.gov L		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	TYPE OF WORK	REQUIRED DATA: 1- AND	2-FAMILY DWELLING
□ New construction □ Demolition		Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipme	
☑ Addition/alteration/replacement	☐ Other:	materials, labor, overhead, and the profit for the work indic this application.	
CATEGO	RY OF CONSTRUCTION	Valuation	80
	☐ Commercial/industrial	Number, of bedrooms:	
Accessory building .	☐ Multi-family	Number of bathrooms:	
☐ Master builder .	Other:	Total number of floors:	
JOB SITE IN	FORMATION AND LOCATION	New dwelling area:	square feet
Job site address:7320 SW 142ND		Garage/carport area:	square feet
City/State/ZIP:BEAVERTON OREC	BON	Covered porch area:	square feet
Suite/bidg./apt. no.:	Project name: CHAPMAN KITCHEN	Deck area:	square feet
Cross street/directions to job site:			square feet
•		Other structure area:	
O. d.	Lot no.:	REQUIRED DATA: COMMER Permit fees* are based on the value	
Subdivision:	LOCHO.	Indicate the value (rounded to the naterials, labor, overhead, and the	earest dollar) of all equipme
Tax map/parcel no.:	CRIPTION OF WORK	this application.	
Removal of wall between kitche		Valuation	
Removal of wall between kitche		Existing building area:	square feet
		New building area:	square feet
	·	Number of stories:	
☑ PROPERTY OWNER	☐ TENANT	Type of construction:	
Name:RANDY CHAPMAN		Occupancy groups:	
Address: 7320 SW 142ND		Existing:	
City/State/ZIP:BEAVERTON OREC	ON	New:	
Phone:	Fax:	NOTIC	E
E-mail:		All contractors and subcontractors a	are required to be licensed v
☑ APPLICANT	☐ CONTACT PERSON	the Oregon Construction Contractor may be required to be licensed in the	's Board under ORS 701 an
Business name: GARY CHRISTENS	SON CONSTRUCTION	being performed. If the applicant is following reasons apply:	exempt from licensing, the
Contact name: GARY CHRISTENS	ON	ionowing reasons appry.	
Address: 25225 S SPRINGWATE	R RD		
City/State/ZIP:ESTACADA OREGO	DN 97023		
Phone:(503) 807-5813	Fax:		
E-mail:christgar74@gmail.com			
	CONTRACTOR	BUILDING PER	
Business name: GARY CHRISTENS	SON CONSTRUCTION	Please refer to f	
Address: 25225 S SPRINGWATE	ER RD	Fees due upon application	369.15
City/State/ZIP:ESTACADA OREGO	ON 97023	Amount received	
Phone:(503) 807-5813	Fax:	Date received:	
CCB lic.:219468		This permit application expires	s if a permit is not obtaine
Authorized signature:	<i>t</i> .	within 180 days after it has be	een accepted as complete

Date:

09/29/29

Fee methodology set by Industry Service Board

Form B70-1001



Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755

Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

OFFICE USE ONLY		
Date Received: 8-23-19	Permit No.: B2019-3605	
Date Issued: 10 - 8-19	Ву: ///	
	Payment Type: AMK	

NO SEGON G	BeavertonOregon.gov	Payment Type:	K
TY	PE OF WORK	REQUIRED DATA: 1- AND 2-FAMILY DWEI	LLING
☐ New construction	☐ Demolition	Permit fees* are based on the value of the work performance to the work perfor	
Addition/alteration/replacement Addition/alteration/replacement	Other:	Indicate the value (rounded to the nearest dollar) of a materials, labor, overhead, and the profit for the work	indicated on
	OF CONSTRUCTION	this application. Valuation 20 00()	
☑ 1- and 2-family dwelling	Commercial/Industrial	Valuation 30,000 Number, of bedrooms:	
Accessory building	☐ Multi-family		
☐ Master builder	Other:	Number of bathrooms:	
	RMATION AND LOCATION	Total number of floors:	
Job site address: IVY80 SW SW	Manager Magaza Magazara a menderah dianggar ang mengerah dianggar panggar ang mengerah dianggar ang mengerah d	New dwelling area: square fe	iel
City/State/ZIP: BEAVARTON C		Garage/carport area: square fe	et
Suite/bldg./apt. no.:	Project name:	Covered porch area: square fe	et
Cross street/directions to job site:	Trojectione	Deck area: square fe	et
Cross street/unections to job site.		Other structure area: square fe	et
		REQUIRED DATA: COMMERCIAL-USE CHE	CKLIST
Subdivision:	Lot no.:	Permit fees* are based on the value of the work performed indicate the value (rounded to the nearest dollar) of a	
Tax map/parcel no.:		materials, labor, overhead, and the profit for the work	
DESCRI	PTION OF WORK	this application. Valuation	
DECK PEPLACEME	MT	Existing building area: square fe	et
ved belonceme		New building area: square fe	
		Number of stories:	
X PROPERTY OWNER	☐ TENANT		
Name: Dovic Hoy		Type of construction:	***************************************
Address: 16486 SV SMMAC	¢T .	Occupancy groups:	
		Existing:	
City/State/ZIP: BEAVERTON, OR	Fax:	New:	
E-mail:	, on	NOTICE	
APPLICANT	☐ CONTACT PERSON	All contractors and subcontractors are required to be the Oregon Construction Contractors Board under Ol	
		may be required to be licensed in the jurisdiction in w being performed. If the applicant is exempt from licer	vhich work is
Business name:		following reasons apply:	ionig, aio
Contact name: Address:			
City/State/ZIP:	Fax:	 .	
Phone:	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	-	
E-mail: MCay(WardG	CANNULL, CON L	BUILDING PERMIT FEES*	
		Please refer to fee schedule	100000000000000000000000000000000000000
Business name: CREATIVE FUN	(E) # MCF>	Fees due upon application	
Address:		Amount received	
City/State/ZIP:	Fov		
Phone:	Fax:	Date received:	
Authorized		This permit application expires if a permit is no within 180 days after it has been accepted as	ot obtained complete
signature: MICIAAA AYII (184	20 Date:	* Fee methodology set by Tri-County Building	j
Print name: MICHAOL ATLUM	Py Date.	Industry Service Board	

Form B70-1001



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

OFFICE	USE ONLY
Date Received: 10/04/2019	Permit No.: B2019-4156
Date Issued: 1/04/2019	(a)/
7 - 1110011	Payment Type:

	BeavertonOregon.gc
TY	PE OF WORK
☐ New construction	☐ Demolition
☐ Addition/alteration/replacement	☑ Other: sign installation
CATEGORY	OF CONSTRUCTION
☐ 1- and 2-family dwelling	☑ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:
JOB SITE INFO	RMATION AND LOCATION
Job site address: 4590 SW Watson Av	/e
City/State/ZIP: Beaverton Oregon 970	005
Suite/bldg./apt. no.:	Project name: Lionheart projecting sign
Cross street/directions to job site: SW 1st S	St and Watson Ave
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCR	IPTION OF WORK
☐ PROPERTY: OWNER	☑ TENANT
Name: Ben and Lauren Reese	
Address: 4590 SW Watson Ave	
City/State/ZiP: Beaverton Oregon 970	005
Phone: (503) 803-3089	Fax:
E-mail: lauren@lionheartcoffee.cor	n
☑ APPLICANT	□ CONTACT PERSON
Business name: Ramsay Signs	
Contact name: Christopher Brown	
Address: 9160 SE 74th Ave	
City/State/ZIP: Portland, OR 97206	
Phone: (503) 777-4555	Fax: (503) 777-0220
E-mail: cbrown@ramsaysigns.com	
CO	NTRACTOR
Business name: Ramsay Signs	
Address: 9160 SE 74th Ave	
city/State/ZIP: Portland, OR 97206	
Phone: (503) 777-4555	Fax: (503) 777-0220
CCB lic.: 63422	
Authorized signature:	
Print name:	Date:

Christopher Brown

REQUIRED DATA; 1- AND 2-FA	MILY DWELLING
Permit fees* are based on the value of the Indicate the value (rounded to the nearest materials, labor, overhead, and the profit f this application.	dollar) of all equipment,
Valuation	
Number, of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area;	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL	USE CHECKLIST
Permit fees* are based on the value of the Indicate the value (rounded to the nearest materials, labor, overhead, and the profit this application.	t dollar) of all equipment, for the work indicated on
Valuation 7, 4	D1.00
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are red the Oregon Construction Contractors Boa may be required to be licensed in the juris being performed. If the applicant is exem following reasons apply:	ard under ORS 701 and sdiction in which work is
BUILDING PERMIT	
Fees due upon application	391.17
Amount received	
, mindani roborrod	I

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

 Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

10/03/19

Date received:

Beaverton

Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.dem

OFFICE	JSE ONLY
Date Received: 10/7/2019	Permit No.: B2019-4185
Date Issued:	(B)()
101912019	Payment Type:

	BeavertonOregon.ge L
	YPE OF WORK
☐ New construction	☐ Demolition
☐ Addition/alteration/replacement	☑ Other: sign installation
CATEGOI	RY OF CONSTRUCTION
1- and 2-family dwelling	☑ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	Other:
JOB SITE INF	ORMATION AND LOCATION
Job site address: 4545 SW Angel Av	e
City/State/ZIP: Beaverton Oregon 9	7005
Suite/bldg./apt. no.: 170	Project name: raindrop blade sign
Cross street/directions to job site: SW Far	mington Rd and Main St
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESC	RIPTION OF WORK
☐ PROPERTY OWNER	⊘ -TENANT
Name: Mark Foster	
Address: 4545 SW Angel Ave Suit	te 170
City/State/ZIP: Beaverton Oregon 9	77005
Phone: (971) 865-0227	Fax:
E-mail: raindroptaphouse@gmail.	
☐ APPLICANT	CONTACT PERSON
Business name: Ramsay Signs	
Contact name: Christopher Brown	
Address: 9160 SE 74th Ave	
City/State/ZIP: Portland, OR 97206	
Phone: (503) 777-4555	Fax: (503) 777-0220
E-mall: cbrown@ramsaysigns.col	
C	ONTRACTOR
Business name: Ramsay Signs	
Address: 9160 SE 74th Ave	
City/State/ZIP: Portland, OR 97206	
Phone: (503) 777-4555	Fax: (503) 777-0220
CCB IIc.: 63422	
Authorized signature:	
Print name:	Date:

Christopher Brown

Payment Type:	
REQUIRED DATA: 1- AND 2-FAM	ILY DWELLING
Permit fees* are based on the value of the indicate the value (rounded to the nearest materials, labor, overhead, and the profit fo this application.	work performed. dollar) of all equipment,
Valuation	
Number, of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-	USE CHECKLIST
Permit fees* are based on the value of the indicate the value (rounded to the nearest materials, labor, overhead, and the profit for this application.	dollar) of all equipment,
Valuation	6018.00
Existing building area:	square feet
New building area:	square feet
New building area: Number of stories:	square feet
	square feet
Number of stories:	square feet
Number of stories: Type of construction:	square feet
Number of stories: Type of construction: Occupancy groups:	square feet
Number of stories: Type of construction: Occupancy groups: Existing:	square feet
Number of stories: Type of construction: Occupancy groups: Existing: New:	uired to be licensed with d under ORS 701 and diction in which work is
Number of stories: Type of construction: Occupancy groups: Existing: New: NOTICE All contractors and subcontractors are req the Oregon Construction Contractors Boar may be required to be licensed in the juris being performed. If the applicant is exemp	uired to be licensed with dunder ORS 701 and diction in which work is t from licensing, the
Number of stories: Type of construction: Occupancy groups: Existing: New: NOTICE All contractors and subcontractors are req the Oregon Construction Contractors Boar may be required to be licensed in the juris being performed. If the applicant is exemp following reasons apply: BUILDING PERMIT F	uired to be licensed with dunder ORS 701 and diction in which work is t from licensing, the
Number of stories: Type of construction: Occupancy groups: Existing: New: NOTICE All contractors and subcontractors are required to be licensed in the juris being performed. If the applicant is exempt following reasons apply: BUILDING PERMIT F Please refer to fee sch	uired to be licensed with rd under ORS 701 and diction in which work is it from licensing, the

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

 Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

10/07/19



Print name:

Christopher Brown

Community Development Department **Building Division** 12725 SW Millikan Way / PO Box 4755

Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

BeavertonOregon general

Date:

10/03/19

OFFICE	USE ONLY
Date Received: 10/07/2019	Permit No.: B2019-4177
Date Issued:	(M)
10/1/2014	Payment Type:

Links	ne work	
	OF WORK	
☐ New construction	☐ Demolition	
Addition/alteration/replacement	☑ Other: sign installation	
CATEGORY OF	CONSTRUCTION	
1- and 2-family dwelling	☑ Commercial/industrial	
Accessory building	☐ Multi-family	
Master builder	☑ Other:	
JOB SITE INFORMATION AND LOCATION		
Job site address: 12570 SW Farmington Rd		
City/State/ZIP: Beaverton Oregon 97005		
Suite/bldg./apt. no.:	Project name: GOAD projecting sign	
Cross street/directions to Job site: SW Farmington and Washington		
Subdivision:	Lot no.:	
Tax map/parcel no.:	f	
DESCRIPTI	ON OF WORK	
	TENANT	
Name: Myong-Hui Murphy		
Address: 12750 SW Farmington Rd.		
City/State/ZIP: Beaverton Oregon 97005		
Phone: (503) 502-2827	Fax:	
E-mail: murphymh63@gmail.com		
□ APPLICANT	☐ CONTACT PERSON	
Business name: Ramsay Signs	The state of the s	
Contact name: Christopher Brown		
Address: 9160 SE 74th Ave		
City/State/ZIP: Portland, OR 97206		
Phone: (503) 777-4555	Fax: (503) 777-0220	
E-mall: cbrown@ramsaysigns.com		
CONTR	ACTOR	
Business name: Ramsay Signs		
Address: 9160 SE 74th Ave		
City/State/ZIP: Portland, OR 97206		
Phone: (503) 777-4555	Fax: (503) 777-0220	
CCB lic.: 63422		
Authorized		

7 (100) Tayment Type.	
REQUIRED DATA: 1- AND 2-FAM	ILY DWELLING
Permit fees* are based on the value of the Indicate the value (rounded to the nearest materials, labor, overhead, and the profit for this application.	dollar) of all equipment,
Valuation	
Number, of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-	USE CHECKLIST
Permit fees* are based on the value of the Indicate the value (rounded to the nearest materials, labor, overhead, and the profit for this application.	dollar) of all equipment,
Valuation	\$6,670.00
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	-
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are req the Oregon Construction Contractors Boar may be required to be licensed in the jurist being performed. If the applicant is exemp following reasons apply:	d under ORS 701 and diction in which work is
BUILDING PERMIT F Please refer to fee sch	
Amount received	
Date received:	
Date levelted:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Print name:

Christopher Brown

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550

OFFICE	USE ONLY
Date Received: 10/04/2019	Permit No.: B2019-4158
Date Issued: 0909	(BV:
	Payment Type:

O R E G O N Genera	al Information (503) 526-2222 BeavertonOregon.ge	
TYPE OF	WORK	
☐ New construction	☐ Demolition	
Addition/alteration/replacement	☐ Other: Sign Installation	
CATEGORY OF I	CONSTRUCTION	
1- and 2-family dwelling	☑ Commercial/industrial	
☐ Accessory building	☐ Multi-family	
☐ Master builder	Other:	
JOB SITE INFORMAT	ION AND LOCATION	
Job site address: 4570 SW Watson Ave		
City/State/ZIP: Beaverton Oregon 97005		
Suite/bldg./apt. no.:	Project name: Big's Chicken Sign Instal	
Cross street/directions to job site: 1st and Watson		
Subdivision:	Lot no.:	
Tax map/parcel no.:		
Installation of a new neon projecting s		
□ PROPERTY OWNER	☑ TENANT	
Name: Benjamin Dyer		
Address: 4570 SW Watson Ave		
City/State/ZIP: Beaverton Oregon 97005		
Phone: (503) 706-4215	Fax:	
E-mail: ben@yourneighborhoodrg.com		
☐ APPLICANT	CONTACT PERSON	
Business name: Ramsay Signs	L'experience and the second se	
Contact name: Christopher Brown		
Address: 9160 SE 74th Ave		
City/State/ZIP: Portland, OR 97206		
Phone: (503) 777-4555	Fax: (503) 777-0220	
E-mail: cbrown@ramsaysigns.com		
CONTRA	CTOR	
Business name: Ramsay Signs		
Address: 9160 SE 74th Ave		
City/State/ZIP: Portland, OR 97206		
Phone: (503) 777-4555	Fax: (503) 777-0220	
CCB lic.: 63422		
Authorized		

Date:

10/03/19

*	Payment Type:
REQUIRED DAT	A: 1- AND 2-FAMILY DWELLING
Permit fees* are based of	n the value of the work performed. ed to the nearest dollar) of all equipment, d, and the profit for the work indicated on
Valuation	A LANGE LANGE CONTRACTOR OF THE CONTRACTOR OF TH
Number, of bedrooms	
Number of bathrooms	
Total number of floors	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
	COMMERCIAL-USE CHECKLIST
Indicate the value (round	n the value of the work performed. ed to the nearest dollar) of all equipment, d, and the profit for the work indicated on
Valuation	\$6,830.00
Existing building area	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
	NOTICE
the Oregon Construction	ontractors are required to be licensed with Contractors Board under ORS 701 and ensed in the jurisdiction in which work is pplicant is exempt from licensing, the
	DING PERMIT FEES*
	se refer to fee schedule
Fees due upon applicat	on \$360.72
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

 Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755

Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

OFFICE USE ONLY	
Date Received:	Permit No B 2019-4209
Date Issued: 0/8/2019 /	/BX
	Payment Type:

	BeavertonOregon.gov
TYP	PE OF WORK
☐ New construction	☐ Demolition
Addition/alteration/replacement	Other:
	OF CONSTRUCTION
☐ 1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	Multi-family
☐ Master builder	□ Other:
A CONTRACTOR OF THE STATE OF TH	RMATION AND LOCATION
 In the state of the control of the state of	
City/State/77B:	70th Outlings 3,1,25,28 4 97003 Project name: Project Name 1
City/State/ZIP: Beaver ton, of Suite/bidg./apt. no.: 26 36 78	Project name: 0 1 14 115
Suite/bidg./apt. no.: 3,9,25,28 Cross street/directions to job site:	Tryany Le 1
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCOL	PTION OF WORK
Name:	,
Address:	
City/State/ZIP:	
Phone:	. Fax:
E-mail:	
∠ APPLICANT	☐ CONTACT PERSON
Business name: Morr, Son (Construction LLC
Contact name: Sean Was	
Address: 10565 5W	nec
City/State/ZIP: Portland, Ox	Barry Blud suit 302
Phone: 171-400-1788	
E-mail: Sean(a) Morrisone	<i>47214</i> Fax:
· · · · · · · · · · · · · · · · · · ·	47219
CON	Fax: Construction/le, Gam TRACTOR
CON Business name: //www.scn //	Fax: Construction//e, Com TRACTOR Construction CLC
CON Business name: / Morrison & Address: /0505 SW	Fax: Fonstruction/le.com TRACTOR Construction CLC Barbur Olud suit soz
Business name: //orrison (Address: 10505 SW) City/State/ZiP: Portkan, U	Fax: Fonstruction/le.com TRACTOR Construction CCC Barbur Olun suit soz
CON Business name: //orrison & Address: /0505 SW City/State/ZiP: Portk.N, or Phone: 971 400 /288	Fax: Fonstruction/le.com ITRACTOR Construction LLC BAYGUE Blud suit 302 X 17219
Business name: //orrison (Address: 10565 SW) City/State/ZIP: Purfland, Up Chone: 971 400 1288 CCB lic.: 189900 Authorized	Fax: Fonstruction/le.lom ITRACTOR Construction LLC BAYGUY Blud suit sor X 17219
Business name: Morrison & Address: 10505 SW City/State/ZiP: Portking, or Phone: 971 400 1288	Fax: Fonstruction/le.com TRACTOR Construction CCC Construction CCC Construction CCC Ansur Olud suit sor X Anzus Fax:

Payment	туре,
REQUIRED DATA: 1- AND	2-FAMILY DWELLING
Permit fees* are based on the value Indicate the value (rounded to the materials, labor, overhead, and the this application.	e of the work performed.
Valuation	
Number, of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMME	RCIAL-USE CHECKLIST
Permit fees* are based on the value Indicate the value (rounded to the materials, labor, overhead, and the this application.	nearest dollar) of all equipment,
Valuation ///,000 00	
Existing building area:	square feet
New building area:	square feet
Number of stories: Z	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTI	CE
All contractors and subcontractors the Oregon Construction Contractor may be required to be licensed in the being performed. If the applicant is following reasons apply:	ors Board under ORS 701 and the jurisdiction in which work is
•	•
/	
BUILDING PEI	RMIT FEES*
Please refer to	
Fees due upon application	1,666.91
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Print name:

Katie Harbaugh

Community Development Department **Building Division** 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

OFFICE USE ONLY Date Received: 10/02/2019 Permit No.: B2019-4137

Date Issued: CITY OF BE

`	BeavertonÓregon.gq 🖳	OL DEAVERTON Last	nesit Type.	
	TYPE OF WORK	BUILDING DIVISION REQUIRED DATA: 1-	AND 2-FAMILY DWELLING	
☐ New construction	☐ Demolition	Permit fees* are based on the	Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on	
☑ Addition/alteration/replacement	Other:	materials, labor, overhead, and		
	RY OF CONSTRUCTION	this application. Valuation		
1- and 2-family dwelling	☑ Commercial/industrial	Number, of bedrooms:		
☐ Accessory building	☐ Multi-family		Number of bathrooms:	
☐ Master builder	☐ Other:	Total number of floors:		
JOB SITE INFORMATION AND LOCATION			New dwelling area: square feet	
Job site address: 14790 SW Scholls	Ferry Rd			
City/State/ZIP: Beaverton, OR 9700		Garage/carport area:	square feet	
Suite/bldg./apt. no.:	Project name: Seven West at the	Trails Covered porch area:	square feet	
Cross street/directions to job site:		Deck area:	square feet	
·		Other structure area:	square feet	
			MMERCIAL-USE CHECKLIST	
Subdivision:	Lot no.:	Indicate the value (rounded to	Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment,	
Tax map/parcel no.:		materials, labor, overhead, and this application.	materials, labor, overhead, and the profit for the work indicated on	
DESCRIPTION OF WORK		Valuation	\$1650.90	
Install new cell dialer for comm	unication	Existing building area:	square feet	
		New building area:	square feet	
		Number of stories:		
☐ PROPERTY OWNER	☐ TENANT	Type of construction:	Type of construction:	
Name:		Occupancy groups:	Occupancy groups:	
Address:		Existing:	Existing;	
City/State/ZIP:		New:		
Phone:	Fax:		IOTICE	
E-mail:		All contractors and subcontrac	tors are required to be licensed with	
☑ APPLICANT	☑ CONTACT PERSON	the Oregon Construction Cont	All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
Business name: Performance Syste	ms Integrated	being performed. If the applica		
Contact name: Katie Harbaugh		following reasons apply:		
Address: 7324 SW Durham Rd				
City/State/ZIP: Portland, OR 97224				
Phone: (503) 641-2222	Fax: (503) 641-1464			
E-mall: katieh@psintegrated.com	1			
	CONTRACTOR	BUILDING	PERMIT FEES*	
Business name: Performance Syste	ms Integrated	Please refe	er to fee schedule	
Address: 7324 SW Durham Rd		Fees due upon application	\$46.51	
City/State/ZIP: Portland, OR 97224		Amount received		
Phone: (503) 641-2222	Fax: (503) 641-1464	Date received:	•	
CCB lic.: 227526		This permit application of	cpires if a permit is not obtained	
Authorized signature: en Abrian S		within 180 days after it h	as been accepted as complete	

Date:

10/02/19

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

Clear Form



CCB lic.: 64077

signature: Ronin Campbell

Ronin Campbell

Authorized

Print name:

Community Development Department **Building Division** 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 RECEIVED

OFFICE USE ONLY

Date Received 8/30/2019

Permit No.: B2019-3711

10-10-19 Date Issued: CITY OF BEAVERTON Payment Type: MC

By: 1/1/

	Beaverton Oregon. g	BUILDING DIVISION
	TYPE OF WORK	REQUIRED DATA: 1- AND 2-FAMILY DWELLING
☐ New construction	☐ Demolition	Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment,
☑ Addition/alteration/replacement	Other:	materials, labor, overhead, and the profit for the work indicated on this application.
CATEGO	RY OF CONSTRUCTION	Valuation
☐ 1- and 2-family dwelling	☑ Commercial/industrial	Number. of bedrooms:
☐ Accessory building	☐ Multi-family	Number of bathrooms:
☐ Master builder	Other:	Total number of floors:
JOB SITE INFORMATION AND LOCATION		New dwelling area: square feet
Job site address: 9300 SW Gemini I	Orive	Garage/carport area: square feet
city/State/ZIP: Beaverton, OR 97008		Covered porch area: square feet
Suite/bldg./apt. no.:	Project name: Biamp Systems	
Cross street/directions to job site:		Other structure area: square feet
		REQUIRED DATA: COMMERCIAL-USE CHECKLIST
Subdivision:	Lot no.:	Permit fees* are based on the value of the work performed.
Tax map/parcel no.:		Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on
DESCRIPTION OF WORK		this application.
		Valuation 1930
Add and Relocate Fire Sprinkle	er neads for 11	Existing building area: square feet
		New building area: square feet 0
		Number of stories:
☐ PROPERTY OWNER	☐ TENANT	Type of construction:
Name:	the state of the s	Occupancy groups:
Address:		Existing:
City/State/ZIP:		New:
Phone:	Fax:	NOTICE
E-mail:		All contractors and subcontractors are required to be licensed with
☑ APPLICANT	☐ CONTACT PERSOI	the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is
Business name: Wyatt Fire Protection		being performed. If the applicant is exempt from licensing, the following reasons apply:
Contact name: Ronin Campbell		
Address: 9095 SW Burnham St		
City/State/ZIP: Tigard, OR 97223		
Phone: (503) 684-2928	Fax:	
E-mail: r.campbell@wyattfire.com	n	
•	CONTRACTOR	BUILDING PERMIT FEES*
Business name: Same		Please refer to fee schedule
Address:		Fees due upon application
City/State/ZIP:		Amount received
Phone:	Fax:	Date received:

Date:

08/29/19

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

APPROVED

Building Permit Application

Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Heaverton, OR 97076

Building Division
V Millikan Way / PO Box 4755
Leaverton, OR 97076
Date Received: 7 3 1 Permit No.: \$2010 Date Issued:

Date Issued:

Payment Type:

SEE"I:/BLDG DIV"WG	-8 EeavertonOregon.gov
TYPE O	F WORK
☐ New construction	☐ Demolition
☑ Addition/alteration/replacement	☐ Other:
CATEGORY OF	CONSTRUCTION
☐ 1- and 2-family dwelling	☑ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:
AMRORINI STIS BOL	TION AND LOCATION
Job site address: 14605 SW Weir Road	
city/State/ZIP: Beaverton, OR 97007	
Sulte/bldg./apt, no.:	Project name: SW Bible Church
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
	N OF WORK
Fire Alarm	
☐ PROPERTY OWNER	
Name: SW Bible Church - Youth Wing	
Address: 14605 SW Weir Road	
City/State/ZIP: Beaverton, OR 97007	
Phone:	Fax:
E-mail:	
☑ APPLICANT	☐ CONTACT PERSON
Business name: Point Monitor Corp.	
Contact name: Brooke Williams	•
Address: 5863 Lakeview Blvd. #100	
City/State/ZIP: Lake Oswego, OR 97035	
Phone: (503) 627-0100	Fax:
E-mall: bwilliams@pointmonitor.com	
CONTRA	CTOR
Business name: Point Monitor Corp.	
Address: 5863 Lakeview Blvd. #100	
City/State/ZIP: Lake Oswego, OR 97035	
Phone: (503) 627-0100	Fax:
CCB IIo.: 135901	
Authorized signature:	?
Print name:	Dale:

Ben Breit

REQUIRED DATA: 1- AND	2-FAMILY DWELLING
Permit fees* are based on the value indicate the value (rounded to the raterials, labor, overhead, and the this application.	e of the work performed. nearest dollar) of all equipment,
Valuation	
Number, of bedrooms:	
Number of ballyrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMME	RCIAL-USE CHECKLIST
Permit fees" are based on the value indicate the value (rounded to the materials, labor, overhead, and the this application.	nearest dollar) of all equipment,
Valuation	\$44,767
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTIC	Œ
All contractors and subcontractors at the Oregon Construction Contractor may be required to be licensed in the being performed. If the applicant is following reasons apply:	rs Board under ORS 701 and ne jurisdiction in which work is
BUILDING PER Please refer to f	
Fees due upon application	
Amount received	
Dala received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

 Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

07/26/19

ELECTRONIC SUBMITTAL evelopment Department Building Division kan Way / PO Box 4755 Beaverton, OR 97076 Beaverton Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

Print name: MMNNA

RECEIVED

OFFICE USE ONLY

Date Received / 27/2019

Permit No.: B2019-2798

Date Issued:

By:

CITY OF REAVERTON Payment Type:

(0 0	BeavertonOregon.gov	BUILDING DIVISION	аушент туре.	
түре с	OF WORK	REQUIRED DATA:	1- AND 2-FAMILY DWELLING	
☐ New construction	☐ Demolition	Indicate the value frounded	he value of the work performed. to the nearest dollar) of all equipment,	
☑ Addition/alteration/replacement	☐ Other:	materials, labor, overhead, a	and the profit for the work indicated on	
CATEGORY OF	CONSTRUCTION	Valuation		
1- and 2-family dwelling	☑ Commercial/industrial	Number, of bedrooms:		
☐ Accessory building	☐ Multi-family	Number of bathrooms:		
Master builder	Other:	Total number of floors:		
JOB SITE INFORMA	TION AND LOCATION	New dwelling area:	square feet	
Job site address: 14600 SW Sexton Mour	ntain Road	Garage/carport area:	square feet	
City/State/ZIP: Beaverton, OR 97005			square feet	
Suite/bldg./apt. no.;	Project name: AT&T Sexton Mtn	Covered porch area:		
Cross street/directions to job site: see sheet T-	1	Deck area:	square feet	
300 31,000 7		Other structure area:	square feet	
			OMMERCIAL-USE CHECKLIST ne value of the work performed.	
Subdivision:	Lot no.:	Indicate the value (rounded	to the nearest dollar) of all equipment, and the profit for the work indicated on	
Tax map/parcel no.: 1S129AD00100		materials, labor, overnead, this application.	and the profit for the work indicated on	
	ON OF WORK	Valuation	10,000	
Modifications to an existing wireless	communication facility: replace (Existing building area:	square feet 60	
RRHs; Install (3) repeaters, (3) diplex trunks, (1) fiber trunk	(ets, (1) surge suppressor, (3) D	New building area:	square feet 60	
a dime, (1) noor trains		Number of stories:	N/A. 60' monopole	
☐ PROPERTY OWNER		Type of construction:	II-B	
Name: AT&T		Occupancy groups:		
Address: 19801 SW 72nd Ave		Existing:	U	
City/State/ZIP: Tualatin, OR 97062		New:	U	
Phone:	Fax:		NOTICE	
E-mail:		All contractors and subcontr	actors are required to be licensed with	
APPLICANT		the Oregon Construction Co	ontractors Board under ORS 701 and sed in the jurisdiction in which work is	
Business name: Crown Castle on behalf of	of AT&T	being performed. If the appli	being performed. If the applicant is exempt from licensing, the following reasons apply:	
Contact name: Amanda Nations		Tollowing reasons appry.		
Address: 1505 Westlake Ave N, Suite 8	00			
City/State/ZIP: Seattle, WA 98109				
Phone: (206) 336-2889	Fax:			
E-mail: amanda.nations.contractor@cr	owncastle.com			
CONTRA			G PERMIT FEES'	
Business name: TBI LEGACY W	ireless Seevices II	Please re	efer to fee schedule	
	wrd.	Fees due upon application	- Automatical Control of the Control	
City/State/ZIE GCKa Mas O	R.97015	Amount received		
Phone: 503 - 656, 5300	Fax:	Date received:		
CCB lic.: 190432		This permit application	expires if a permit is not obtained	

Date: U7 U

within 180 days after it has been accepted as complete

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

TYPE OF WORK

CATEGORY OF CONSTRUCTION

JOB SITE INFORMATION AND LOCATION

□ Demolition

☐ Multi-family

Other:

Lot no.:

Commercial/industrial

Other:

ELECTRONIC SUB MITTPALL Development Department Building Division SEE I:/BLDG DIV W/GS8 Millian Way PO Box 4755

☑ New construction

☐ Addition/alteration/replacement

Job site address: 11350 SW Canyon Rd. City/State/ZIP: Beaverton, OR 97005

1- and 2-family dwelling

☐ Accessory building

Suite/bldg./apt. no.:

Tax map/parcel no.:

Subdivision:

Cross street/directions to job site:

Building Division

Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550

Project name: Beaverton Mixed Use

Date Received Date Issued:

General Information (503) 526-2222 Beaverton Oregon.gog

OFFICE USE ONLY				
05/22/2019	Permit No.: B2019-2177			
	By:			
TY OF BEAVERTO	Payment Type:			
III DINO DIVIO	A: 1- AND 2-FAMILY DWELLING			
Permit fees* are based of Indicate the value (round	on the value of the work performed. led to the nearest dollar) of all equipment, ad, and the profit for the work indicated on			
Valuation				
Number, of bedrooms	:			
Number of bathrooms				
Total number of floors	:			
New dwelling area:	square feet			
Garage/carport area:	square feet			
Covered porch area:	square feet			
Deck area:	square feet			
Other structure area:	square feet			
REQUIRED DATA	: COMMERCIAL-USE CHECKLIST			
Indicate the value (round	in the value of the work performed. led to the nearest dollar) of all equipment, id, and the profit for the work indicated on			
Valuation	\$34,125			
Existing building area	square feet NA			
New building area:	square feet 13,540			
Number of stories:	Two			

Valuation		\$34,125
Existing building area:	square feet	NA
New building area:	square feet	13,540
Number of stories:		Two
Type of construction:		V-B
Occupancy groups:	A-2, B, F-1	, and M
Existing:		NA
New:	Sec	e Above
NOT	ice	

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the

following reasons apply:

Form B70-1001

BUILDING PERMIT FEES* Please refer to fee schedule \$279,24 Fees due upon application Amount received Date received:

This permit application expires if a permit is not obtained

REV 2/14

Fee methodology set by Tri-County Building Industry Service Board

within 180				

DESCRIPTIO	N OF WORK
Installing new NFPA13 system to she	ell only.
☑ PROPERTY OWNER	☐ TENANT
Name: Edge Development	
Address: 735 SW 20th Place, Suite 220	
City/State/ZIP: Portland, OR 97205	
Phone: (503) 292-7733	Fax:
E-mail:	
☑ APPLICANT	☑ CONTACT PERSON
Business name: AFP Systems, Inc.	
Contact name: Breanna Ripple	
Address: 19435 SW 129th Ave	
City/State/ZIP: Tualatin, OR 97062	
Phone: (503) 692-9284	Fax:
E-mail: breanna@afpsys.com	
CONTRA	CTOR
Business name: AFP Systems, Inc.	
Address: 19435 SW 129th Ave	
City/State/ZIP: Tualatin, OR 97062	
Phone: (503) 692-9284	Fax:
ссв іс.: 67534	
Authorized signature:	
Print name:	Date:
Breanna Ripple	05/20/19

ELECTRONIC SUBMITTAL SEE I:/BLDG DIV WG-8...

elopment Department Building Division In Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gen

RECEIVED

OFFICE	USE ONLY
Date Received:	Permit No.: B2019-1659
Date Jesued;	Ву:
CHY OF BEAVERTON	Payment Type:

	o ku			
TYPE O	F WORK			
☑ New construction	☐ Demolition			
☐ Addition/alteration/replacement	Other:			
CATEGORY OF	CONSTRUCTION			
1- and 2-family dwelling	☑ Commercial/industrial			
☐ Accessory building	☐ Multi-family			
☐ Master builder	☐ Other:			
JOB SITE INFORMAT	ION AND LOCATION			
Job site address GI25 5W HAI	L BWD N			
City/State/ZIP: Beaverton, OR, 97005				
Suite/bidg./apt. no.:	Project name: Beaverton Public Safety			
Cross street/directions to job site: SW Allen Blv	d & SW Hall Blvd			
Subdivision:	Lot no.:			
Tax map/parcel no.:	1,11			
DESCRIPTION	N OF WORK			
New Fire Sprinkler System	O. Or			
PROPERTY OWNER	☐ TENANT			
Name: City of Beaverton Police Department				
Address: 4755 SW Griffith Drive				
City/State/ZIP: Beaverton, OR 97005				
Phone: (503) 526-2289	Fax:			
E-mail: eoathes@beavertonoregon.com	l			
☑ APPLICANT	CONTACT PERSON			
Business name: Cosco Fire Protection				
Contact name: Joseph Kuhn				
Address: 2501 SE Columbia Way, Suite	100			
city/State/ZIP: Vancouver, WA 98661				
Phone: (360) 883-6383	Fax:			
E-mail: jkuhn@coscofire.com				
CONTRACTOR				
Business name: Cosco Fire Protection				
Address: 2501 SE Columbia Way, Suite	100			
City/State/ZIP: Vancouver, WA 98661				
Phone: (360) 883-6383	Fax:			
CCB IIc.: 67508				
Authorized signature:				
Print name:	Date:			

Joseph Kuhn

REQUIRED DATA: 1- AND 2-FAMILY DWELLING Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application. Valuation Number of bathrooms: Total number of floors: New dwelling area: square feet Garage/carport area: square feet Covered porch area: square feet Deck area: square feet REQUIRED DATA: COMMERCIAL-USE CHECKLIST Permit fees* are based on the value of the work performed, Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application. Valuation \$294,541 Existing building area: square feet New building area: square feet New building area: square feet All contractors and subcontractors are required to be licensed with the Oregon Construction: V-B Occupancy groups: 4 total: B, A-3, S-2, I-3 Existing: New: 4 total: B, A-3, S-2, I-3 Existing: New: 4 total: B, A-3, S-2, I-3 Building Permit Fees* Please refer to fee schedule Fees due upon application Amount received Date received:	ING DIVISION					
Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application. Valuation Number of bedrooms: Number of bathrooms: Total number of floors: New dwelling area: square feet Garage/carport area: square feet Covered porch area: square feet Other structure area: square feet REQUIRED DATA: COMMERCIAL-USE CHECKLIST Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application. Veluation \$294,541 Existing building area: square feet New construction: V-B Occupancy groups: 4 total: B, A-3, S-2, I-3 Existing: New: 4 total: B, A-3, S-2, I-3 NOTICE All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply: BUILDING PERMIT FEES* Please refer to fee schedule Fees due upon application Amount received		ID 2-FAMILY DWELLING				
Number of bathrooms: Number of bathrooms: Total number of floors: New dwelling area: square feet Garage/carport area: square feet Deck area: square feet Other structure area: square feet REQUIRED DATA: COMMERCIAL-USE CHECKLIST Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application. Valuation \$294,541 Existing building area: square feet New building area: square feet New building area: square feet Y-B Occupancy groups: 4 total: B, A-3, S-2, I-3 Existing: New: 4 total: B, A-3, S-2, I-3 NOTICE All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply: BUILDING PERMIT FEES* Please refer to fee schedule Fees due upon application Amount received	Permit fees' are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on					
Number of bathrooms: Total number of floors: New dwelling area: square feet Garage/carport area: square feet Covered porch area: square feet Deck area: square feet Other structure area: square feet REQUIRED DATA: COMMERCIAL-USE CHECKLIST Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application. Valuation \$294,541 Existing building area: square feet New building area: square feet All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply: BUILDING PERMIT FEES* Please refer to fee schedule Fees due upon application Amount received	Valuation					
Total number of floors: New dwelling area: square feet Garage/carport area: square feet Covered porch area: square feet Deck area: square feet Other structure area: square feet REQUIRED DATA: COMMERCIAL-USE CHECKLIST Permit fees' are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application. Valuation \$294,541 Existing building area: square feet New building area: square feet New building area: square feet New building area: square feet V-B Occupancy groups: 4 total: B, A-3, S-2, I-3 Existing: New: 4 total: B, A-3, S-2, I-3 NOTICE All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply: BUILDING PERMIT FEES* Please refer to fee schedule Fees due upon application Amount received	Number, of bedrooms:					
New dwelling area: square feet Garage/carport area: square feet Deck area: square feet Other structure area: square feet REQUIRED DATA: COMMERCIAL-USE CHECKLIST Permit fees' are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application. Valuation \$294,541 Existing building area: square feet New building area: square feet New building area: square feet New building area: square feet V-B Occupancy groups: 4 total: B, A-3, S-2, I-3 Existing: New: 4 total: B, A-3, S-2, I-3 NOTICE All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply: BUILDING PERMIT FEES* Please refer to fee schedule Fees due upon application Amount received	Number of bathrooms:					
Garage/carport area: square feet Covered porch area: square feet Deck area: square feet Other structure area: square feet REQUIRED DATA: COMMERCIAL-USE CHECKLIST Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application. Valuation \$294,541 Existing building area: square feet New building area: square feet New building area: square feet New building area: square feet V-B Occupancy groups: 4 total: B, A-3, S-2, I-3 Existing: New: 4 total: B, A-3, S-2, I-3 NOTICE All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply: BUILDING PERMIT FEES* Please refer to fee schedule Fees due upon application Amount received	Total number of floors:					
Covered porch area: square feet Deck area: square feet Other structure area: square feet REQUIRED DATA: COMMERCIAL-USE CHECKLIST Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application. Valuation \$294,541 Existing building area: square feet New building area: square feet 74,790 Number of stories: 3 Type of construction: V-B Occupancy groups: 4 total: B, A-3, S-2, I-3 Existing: New: 4 total: B, A-3, S-2, I-3 NOTICE All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply: BUILDING PERMIT FEES* Please refer to fee schedule Fees due upon application Amount received	New dwelling area:	square feet				
Deck area: square feet Other structure area: square feet REQUIRED DATA: COMMERCIAL-USE CHECKLIST Permit fees' are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application. Valuation \$294,541 Existing building area: square feet New building area: square feet 74,790 Number of stortes: 3 Type of construction: V-B Occupancy groups: 4 total: B, A-3, S-2, I-3 Existing: New: 4 total: B, A-3, S-2, I-3 NOTICE All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply: BUILDING PERMIT FEES* Please refer to fee schedule Fees due upon application Amount received	Garage/carport area:	square feet				
REQUIRED DATA: COMMERCIAL-USE CHECKUST Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application. Valuation \$294,541 Existing building area: square feet New building area: square feet 74,790 Number of stories: 3 Type of construction: V-B Occupancy groups: 4 total: B, A-3, S-2, I-3 Existing: New: 4 total: B, A-3, S-2, I-3 NOTICE All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply: BUILDING PERMIT FEES* Please refer to fee schedule Fees due upon application Amount received	Covered porch area:	square feet				
REQUIRED DATA: COMMERCIAL-USE CHECKLIST Permit fees* are based on the value of the work performed, indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application. Valuation \$294,541 Existing building area: square feet New building area: square feet V-B Occupancy groups: 4 total: B, A-3, S-2, I-3 Existing: New: 4 total: B, A-3, S-2, I-3 NOTICE All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply: BUILDING PERMIT FEES* Please refer to fee schedule Fees due upon application Amount received	Deck area:	square feet				
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application. Valuation \$294,541 Existing building area: square feet New building area: square feet 74,790 Number of stories: 3 Type of construction: V-B Occupancy groups: 4 total: B, A-3, S-2, I-3 Existing: New: 4 total: B, A-3, S-2, I-3 NOTICE All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply: BUILDING PERMIT FEES* Please refer to fee schedule Fees due upon application Amount received	Other structure area:	square feet				
Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application. Valuation \$294,541 Existing building area: square feet New building area: square feet 74,790 Number of stories: 3 Type of construction: V-B Occupancy groups: 4 total: B, A-3, S-2, I-3 Existing: New: 4 total: B, A-3, S-2, I-3 NOTICE All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply: BUILDING PERMIT FEES* Please refer to fee schedule Fees due upon application Amount received	REQUIRED DATA: COMM	ERCIAL-USE CHECKLIST				
Existing building area: square feet New building area: square feet 74,790 Number of stories: 3 Type of construction: V-B Occupancy groups: 4 total: B, A-3, S-2, I-3 Existing: New: 4 total: B, A-3, S-2, I-3 NOTICE All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply: BUILDING PERMIT FEES* Please refer to fee schedule Fees due upon application Amount received	Indicate the value (rounded to the materials, labor, overhead, and the	nearest dollar) of all equipment,				
New building area: square feet 74,790 Number of stories: 3 Type of construction: V-B Occupancy groups: 4 total: B, A-3, S-2, I-3 Existing: New: 4 total: B, A-3, S-2, I-3 NOTICE All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply: BUILDING PERMIT FEES* Please refer to fee schedule Fees due upon application Amount received	Valuation	\$294,54				
Number of stories: Type of construction: Occupancy groups: 4 total: B, A-3, S-2, I-3 Existing: New: 4 total: B, A-3, S-2, I-3 NOTICE All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply: BUILDING PERMIT FEES* Please refer to fee schedule Fees due upon application Amount received	Existing building area:	square feet				
Type of construction: Occupancy groups: 4 total: B, A-3, S-2, I-3 Existing: New: 4 total: B, A-3, S-2, I-3 NOTICE All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply: BUILDING PERMIT FEES* Please refer to fee schedule Fees due upon application Amount received	New building area:	square feet 74,79				
Occupancy groups: 4 total: B, A-3, S-2, I-3 Existing: New: 4 total: B, A-3, S-2, I-3 NOTICE All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply: BUILDING PERMIT FEES* Please refer to fee schedule Fees due upon application Amount received	Number of stories:	;				
New: 4 total: B, A-3, S-2, I-3 NOTICE All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply: BUILDING PERMIT FEES* Please refer to fee schedule Fees due upon application Amount received	Type of construction:	V-E				
New: 4 total: B, A-3, S-2, I-3 NOTICE All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply: BUILDING PERMIT FEES* Please refer to fee schedule Fees due upon application Amount received	Occupancy groups:	4 total: B, A-3, S-2, I-				
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply: BUILDING PERMIT FEES* Please refer to fee schedule Fees due upon application Amount received	Existing:					
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply: BUILDING PERMIT FEES* Please refer to fee schedule Fees due upon application Amount received	New:	4 total: B, A-3, S-2, I-3				
the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply: BUILDING PERMIT FEES* Please refer to fee schedule Fees due upon application Amount received	NOT	ICE				
Please refer to fee schedule Fees due upon application Amount received	the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the					
Please refer to fee schedule Fees due upon application Amount received						
Fees due upon application Amount received	BUILDING PERMIT FEES*					
Amount received	Please refer to	fee schedule				
	Fees due upon application					
Date received:	Amount received					

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

 Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

04/22/19



Melissa Farias

Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 V/TDD

OFFICE USE ONLY					
	Date Received:	1/24/2019	Permit No.: B2019-3200		
	Date Issued:		Ву:		
			Payment Type:		

,	BeavertonOregon.gov L	1 dynom 1 ypoc
	TYPE OF WORK	REQUIRED DATA: 1- AND 2-FAMILY DWELLING
☐ New construction	Demolition	Permit fees* are based on the value of the work performed, indicate the value (rounded to the nearest dollar) of all equipment,
☑ Addition/alteration/replacement	☐ Other;	materials, labor, overhead, and the profit for the work indicated on this application.
CATEGO	RY OF CONSTRUCTION	Valuation 8000
☐ 1- and 2-family dwelling	☐ Commercial/industrial	Number, of bedrooms:
☐ Accessory building	☐ Multi-family	Number of bathrooms:
☐ Master builder	☐ Other:	Total number of floors:
Job site in	FORMATION AND LOCATION	New dwelling area: square feet
Job site address: 16039 SW Waxw	ing Way,	Garage/carport area: square feet
City/Stale/ZIP: Beaverton, OR 97	007	
Suite/bldg./apt, no.:	Project name: Robert Wood	
Cross street/directions to job site:		Deck area: square feet
•		Other structure area: square feet
± 6 6 5 5	Time.	REQUIRED DATA: COMMERCIAL-USE CHECKLIST
Subdivision:	Lot no.:	Permit fees* are based on the value of the work performed, indicate the value (rounded to the nearest dollar) of all equipment,
Tax map/parcel no.;		materials, labor, overhead, and the profit for the work indicated on this application.
DES	CRIPTION OF WORK	Valuation
PV ROOF MOUNT		Existing building area: square feet
		New building area: square feet
		Number of stories;
☑ PROPERTY OWNER	☐ TENANT	Type of construction:
Name: Robert Wood		Occupancy groups:
Address: 16039 SW Waxwing W	ay,	Existing:
City/State/ZIP: Beaverton, OR 9700	7	New:
Phone: 503 579 2444	Fax: .	NOTICE
E-mail:		All contractors and subcontractors are required to be licensed with
☑ APPLICANT	☐ CONTACT PERSON	the Oregon Construction Confractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is
Business name: SolarCity Corp. db	a TESLA	being performed. If the applicant is exempt from licensing, the
Contact name: Melissa Farias		following reasons apply:
Address: 6132 NE 112th Ave		
City/State/ZIP: Portland OR 97220	-	
Рноле: (503) 894-6903	Fax:	
E-mail: Melissa.Farias@SolarCity	/.com	
a de C	ONTRACTOR	BUILDING PERMIT FEES*
Business name: SolarCity Corp. dl	oa TESLA	Please refer to fee schedule
Address: 6132 NE 112th Ave		Fees due upon application 807. 20
City/State/ZIP: Portland OR 97220		Amount received
Phone: (503) 894-6903	Fax:	Date received:
ССВ (о.: 180498		This permit application expires if a permit is not obtained
Authorized Maria		within 180 days after it has been accepted as complete * Fee methodology set by Tri-County Building
Print name:	Date: 07.22.19	Industry Service Board

Industry Service Board

Form B70-1001

REV 2/14



Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755

Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222

Tamara Manzo
Tamara Manzo

Tamara Manzo

Print name:

	OFFICE USE ONLY
Date Received:	Permit No.: 132017-3142
Date Issued:	Ву:
	Payment Type:

OREGON	BeavertonOregon.gov	Payment Type:
	TYPE OF WORK	REQUIRED DATA: 1- AND 2-FAMILY DWELLING
	Demolition	Permit fees* are based on the value of the work performed.
New construction	☑ Other: Rooftop Solar	Indicate the value (rounded to the nearest dollar) of all equipme materials, labor, overhead, and the profit for the work indicated
Addition/alteration/replacement	PRY OF CONSTRUCTION	this application.
☐ 1- and 2-family dwelling	☐ Commercial/industrial	Number, of bedrooms:
Accessory building	☐ Multi-family	Number of bathrooms:
☐ Master builder	Other:	Total number of floors:
		New dwelling area: square feet
Job site address:13555 SW 3rd Stre	· · · · · · · · · · · · · · · · · · ·	Garage/carport area: square feet
City/State/ZIP:Beaverton, OR 9700		Covered porch area: square feet
Suite/bidg./apt. no.:	Project name: Glickman	Deck area: square feet
Cross street/directions to job site:		Other structure area: square feet
	·	REQUIRED DATA: COMMERCIAL-USE CHECKLIST
Subdivision:	Lot no.:	Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipme
Tax map/parcel no.:		materials, labor, overhead, and the profit for the work indicated
DES	CRIPTION OF WORK	this application. Valuation
Rooftop Solar Project		Existing building area: square feet
	□ TENANT	Number of stories:
PROPERTY OWNER	: I SENANT	Type of construction:
Name: Terry Glickman		Occupancy groups:
Address: 13555 SW 3rd Street	0.5	Existing:
City/State/ZIP:Beaverton, OR 9700		New:
Phone: (503) 644-7076	Fax:	NOTICE
E-mail:terryglickman@gmail.con	n □ CONTACT PERSON	All contractors and subcontractors are required to be licensed the Oregon Construction Contractors Board under ORS 701 at
☑ APPLICANT		may be required to be licensed in the jurisdiction in which work being performed. If the applicant is exempt from licensing, the
Business name: Prestige Power Sy	stems LLC	following reasons apply:
Contact name: Tamara Manzo	Land Dalan	
Address: 13479 SE Rolling Mead		
City/State/ZIP: Happy Valley, OR 9		
Phone: (503) 498-1843	Fax:	
E-mail:tmanzo@prestigepowers		BUILDING PERMIT FEES*
	CONTRACTOR	Please refer to fee schedule
Business name: Prestige Power Sy	······································	Fees due upon application
Address:13479 SE Rolling Mead		Amount received
City/State/ZiP: Happy Valley, OR 9		Date received:
Phone:(503) 498-1843	Fax:	
CCB lic.: 206095		This permit application expires if a permit is not obtain within 180 days after it has been accepted as complet
Authorized signature:		maini 100 days area te mas soon associate as somples.

Date:

07/15/19

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

ELECTRONIC SUBMITTAL ermit Application Archic Drive Warehouse Racking evelopment Department Building Division RECEIVED #2

Print name:

Jonathan Ridens

OFFICE I	USE ONLY
2019	Permit No.B2019-3353
	Ву:

	12725 SW Millikan Way / PO Box 4755	OFFICE I	USE ONLY
_	Beaverton, OR 97076		Permit No.B2019-3353
/erton	Phone: (503) 526-2493 Fax: (503) 526-2550	Date Issued:	Ву:
GON	General Information (503) 526-2222 BeavertonOregon.gov	1 1 V 4 10m 1 10m 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	√payment Type:
	Deaver to he of egonigor		

	BeavertonOregon.gov		<u> </u>	DE DEMARTION OF THE PROPERTY O	. 1370.
TYPE	OF WORK	By	1	DING DIVISION REQUIRED DATA: 1- AND	2-FAMILY DWELLING
☐ New construction	☐ Demolition	garantana dispetanja di miga	ľ	Permit fees' are based on the value	
☑ Addition/alteration/replacement	Other:			Indicate the value (rounded to the i materials, labor, overhead, and the	
	F CONSTRUCTION		ŀ	this application. Valuation	
1- and 2-family dwelling	☑ Commercial/industrial		ŀ	Number, of bedrooms:	
☐ Accessory building	☐ Multi-family	***************************************	ŀ	Number of bathrooms:	
☐ Master builder	☐ Olher:		-		
JOB SITE INFORM	ATION AND LOCATION		-	Total number of floors:	
Job site address: 5825 SW Arctic Circle	and the second transfer and the second transfer and the second transfer and the second transfer and the second		-	New dwelling area:	square feet
City/State/ZIP:Beaverton, OR 97005				Garage/carport area:	square feet
Sulte/bldg./apt. no.:	Project name; VSI		-	Covered porch area:	square feet
Cross street/directions to job site:				Deck area:	square feet
-				Other structure area:	square feet
				REQUIRED DATA: COMME	RCIAL-USE CHECKLIST
Subdivision:	Lot no,:		ſ	Permit fees* are based on the value Indicate the value (rounded to the ri	
Tax map/parcel no.:				materials, labor, overhead, and the this application.	
	ON OF WORK		ľ	Valuation	600
Adding 18 bays of racking to existing	g warehouse area		f	Existing building area:	square feet
		ŀ	┢	New building area:	square feet
			-	Number of stories:	
	☐ TENANT		-		
Name:Earl and Brown			-	Type of construction:	
Address:5825 SW Arctic Circle			-	Occupancy groups:	
City/State/ZIP:Beaverton, OR 97005			-	Existing:	<u></u>
Phone:(503) 924-5962	T Fax:		_	New:	
E-mail:				NOTIC	E
(E) APPLICANT	CONTACT PERSON			All contractors and subcontractors a	
Business name: Northwest Handling Syst	este annual de la constitución d	45-45-98-98-98-98-98-98-98-98-98-98-98-98-98-		may be required to be licensed in the	e jurisdiction in which work is
Contact name: Jonathan Ridens				following reasons apply:	example from Booking, the
Address: 18008 NE Airport Way	And the second s				
City/State/ZIP: Portland, OR 97230	**************************************				
Phone:(503) 488-9317	Fax;				
E-mail:jonathanr@nwhs.com					
CONTR	ACTOR			BUILDING PER	MIT FEES'
Business name: B and B Installation		Marinet and Marine America		Please refer to fe	e schedule
Address:14401 S Glen Oka Rd				Fees due upon application	
City/State/ZIP: Oregon City, OR 97045	······································		-	Amount received	
Phone: (503) 722-8155	Fax:		-	Date received:	
CCB IIc.:067419			Ĺ.	ATTENDED TO THE PARTY OF THE PA	
Authorized Authorized				This permit application expires within 180 days after it has be	
signature					· · ·

Date:

08/05/19

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

ELECTRONIC SUBMILITA De mit Application SEE I:/BLDG DIV Wicking De velopment Department

Building Division 12725 SW Millikan Way / PO Box 4755

Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 General Information (503) 526-2222

THE ALL MANAGEMENT	JSE ONLY
Date Received: 8/2/2019	Permit No.: B2019-3327
Date Issued:	Ву:
CITY OF BEAVERTON	Payment Type:

•	Beaver	tonOregon.gov └───BU	JILDING DIVISION	
TYPE O	- WORK		REQUIRED DATA: 1- AND 2-F	
☐ New construction	☐ Demolition		Permit fees* are based on the value of Indicate the value (rounded to the near	est dollar) of all equipment,
Addition/alteration/replacement	☑ Other:		materials, labor, overhead, and the prof	it for the work indicated on
CATEGORY OF	1		Valuation \$30,050.	0
271- and 2-family dwelling	☐ Commercial/i	ndustrial	Number, of bedrooms: 0	
☐ Accessory building	☐ Multi-family	-	Number of bathrooms: 6	
☐ Master builder	Other:		Total number of floors: 6	al Estado y e las su Assastras
JOB SITE INFORMAT	ION AND LOCAT	TION	New dwelling area:	square feet Ø
Job site address: 15385 SW Glene	don		Garage/carport area: 6	square feet 6
city/state/ZIP: Beaventon, Overy	m. 970	07		square feel ()
Suite/bldg./apt. no.:	Project name: /	E FOUNDATION REPAIR	Covered porch area: ()	
Cross street/directions to job site:	1	18 Sec. 1.	Deck area: O	square feet O
,			Other structure area: 6	square feel 6
	- 19700mile/A		REQUIRED DATA; COMMERCIA	
Subdivision: Tax map/parcel no.:	Lot no.:		Permit fees* are based on the value of Indicate the value (rounded to the near materials, labor, overhead, and the pro-	est dollar) of all equipment,
	N OF WORK		this application.	
Voluntary repair to	existing	foundation.	Valuation	square feet
Voluntary report to	e x 1 g 1 (1 mg)		Existing building area: New building area:	square feet
		Ĺ		
		☐ TENANT	Number of stories:	and the second s
PROPERTY OWNER		LJ ICHANI	Type of construction:	A CONTRACTOR OF THE PARTY OF TH
Name: Bao Le	12,44,000		Occupancy groups:	
Address: 15385 SW Glevreds	<u>n</u>		Existing:	pm + + + = = = = = = = = = = = = = = = =
city/state/ZIP: Beaver ton, Or. 97	∞ 1	Language 17 (19 April 19 April	New:	
Phone:	Fax:		NOTICE	
E-mail:			All contractors and subcontractors are	required to be licensed with
APPLICANT		CONTACT PERSON	the Oregon Construction Contractors B may be required to be licensed in the ju	risdiction in which work is
Business name: Ram Jack W	est		being performed. If the applicant is exe following reasons apply:	mpt from licensing, the
Contact name:				
Address: 682 Bethel Dr.		1.00		
City/State/ZIP: ELGONG, OR, 974	<u> </u>			
Phone: 541-852-5136	Fax:			
E-mail: jamia ramjackwest.	com_		BUILDING PERMI	r fees*
CONTRA			Please refer to fee	schedule
Business name: Kam Jack	NEST_		Fees due upon application	
Address: P.O. 130 x 1170	1		Amount received	
City/State/ZIP: Eugene, OK. 976	140	CAN PARK VIVE VIVE VIVE VIVE VIVE VIVE VIVE VIV		
Phone: 541-636-9922	Fax:		Date received:	
CCB lic.: 146906			This permit application expires if within 180 days after it has been	a permit is not obtained
Authorized Signature: Can Can	لريون(* Fee methodology set by Tri-Co	
Print name: Jami Daves		Date: 0802/19	Industry Service Board	

Form B70-1001



Community Development Department Bullding Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2520 General Information (503) 526-2222

OFFICE	USE ONLY
Date Received: ()	Permit No.: 370 (4-353)
Date Issued:	Ву:
	Payment Type:

•	BeavertonOregon.gov L
TYPE	OF WORK
☐ New construction	☐ Demolition
☑ Addition/alteration/replacement	☐ Other:
CATEGORY OF	FCONSTRUCTION
☐ 1- and 2-family dwelling	☑ Commercial/industrial
☐ Accessory building	☐ Mulli-family
☐ Master builder	☐ Other:
JOB SITE INFORM/	ATION AND LOCATION
Job site address:9300 SW Nimbus Ave	
City/State/ZIP:Beaverton, Or, 97008	
Suite/bidg./apt. no.:	Project name: 9300 SW Nimbus TI
Cross street/directions to Job site: SW Scholls	·
Subdivision:	Lot no.:
Tax map/parcel no.:	on of work
dceilings are in. Open area ceiling to PROPERTY OWNER Name: Vesta Corp Address: 5400 Meadows Rd 5th floor	DE TENANT:
City/State/ZIP:Lake Oswego, OR 97035	
Phone: (503) 790-2500	Fax:
E-mail: D APPLICANT	☐ CONTACT RERSON
city/State/ZIP:Vancouver, Wa, 98661	
Phone:(360) 693-9906	Fax:
E-mail:walto@firesystemswest.com CONTRA	CTÓR
Business name: Same as above	
Address:	
City/State/ZIP:	Eov
Phone:	Fex:
CCB II0::49732	
Authorized signature: / AUT Wart	

REQUIRED DATA: 1- AND	2 FAMILY DWELLING
Permit fees* are based on the value Indicate the value (rounded to the materials, labor, overhead, and the this application.	nearest dollar) of all equipment.
Valuation	
Number, of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feel
Covered porch area;	square feet
Deck area;	square feet
Other structure area:	square feet
REQUIRED DATA: COMME	RCIAL-USE CHECKLIST
Permit fees* are based on the value Indicate the value (rounded to the rematerials, labor, overhead, and the this application.	nearest dollar) of all equipment,
Valuation	\$1,700
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTIC	Æ
All contractors and subcontractors a the Oregon Construction Contractor may be required to be licensed in the being performed. If the applicant is following reasons apply:	rs Board under ORS 701 and te jurisdiction in which work is
BUILOING PER	MIT FEEST
Please refer to fe	ee schedule
Fees due upon application	
Amount received	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

 Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 BeavertonOregon.gen

OFF	FICE USE ONLY
Date Received: 8-20-19	Permit No.: B2019-3534
Date Issued:	Ву:
	Payment Type:

	2000000 1000000000000000000000000000000
☐ New construction	☐ Demolition
☐ Addition/alteration/replacement	⊠ other: Seismic Upgrade
CATEGOR	Y OF CONSTRUCTION
☐ 1- and 2-family dwelling	
☐ Accessory building	☐ Multi-family
☐ Master builder	Other:
JOB SITE INF	ORMATION AND LOCATION
Job site address: 10750 SW Denne	ey Road Bldg #1
city/State/ZIP: Beaverton, Oregon	
Suite/bldg./apt. no.:	Project name: Denney Road Bldg 1
Cross street/directions to job site:	•
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESC	RIPTION OF WORK
PROPERTY OWNER Name: Denney Road Industrial I	☐ TENANT
Name: Denney Road Industrial I Address: 1121 SW Salmon Suite	Park, LLC 500
Name: Denney Road Industrial I	Park, LLC 500
Name: Denney Road Industrial I Address: 1121 SW Salmon Suite	Park, LLC 500
Name: Denney Road Industrial I Address: 1121 SW Salmon Suite City/State/ZIP: Portland, Oregon 9	Park, LLC 500 7201
Name: Denney Road Industrial I Address: 1121 SW Salmon Suite City/State/ZIP: Portland, Oregon 9 Phone: 503.242.2900 E-mail:	Park, LLC 500 7201 Fax:
Name: Denney Road Industrial I Address: 1121 SW Salmon Suite City/State/ZIP: Portland, Oregon 9 Phone: 503.242.2900 E-mail: Mapplicant Business name: VLMK Engineering	Park, LLC 500 7201 Fax:
Name: Denney Road Industrial I Address: 1121 SW Salmon Suite City/State/ZIP: Portland, Oregon 9 Phone: 503.242.2900 E-mail: X APPLICANT Business name: VLMK Engineering Contact name: Jennifer Kimura	Park, LLC 500 7201 Fax:
Name: Denney Road Industrial I Address: 1121 SW Salmon Suite City/State/ZIP: Portland, Oregon 9 Phone: 503.242.2900 E-mail: MAPPLICANT Business name: VLMK Engineering Contact name: Jennifer Kimura Address: 3933 SW Kelly Ave	Park, LLC 500 7201 Fax: CONTACT PERSON g + Design
Name: Denney Road Industrial I Address: 1121 SW Salmon Suite City/State/ZIP: Portland, Oregon 9 Phone: 503.242.2900 E-mail:	Park, LLC 500 7201 Fax: CONTACT PERSON g + Design
Name: Denney Road Industrial I Address: 1121 SW Salmon Suite City/State/ZIP: Portland, Oregon 9 Phone: 503.242.2900 E-mail: X APPLICANT Business name: VLMK Engineering Contact name: Jennifer Kimura Address: 3933 SW Kelly Ave City/State/ZIP: Portland, OR 97239 Phone: 503.222.4453	Park, LLC 500 7201 Fax: CONTACT PERSON g + Design
Name: Denney Road Industrial I Address: 1121 SW Salmon Suite City/State/ZIP: Portland, Oregon 9 Phone: 503.242.2900 E-mail:	Park, LLC 500 7201 Fax: CONTACT PERSON g + Design
Name: Denney Road Industrial I Address: 1121 SW Salmon Suite City/State/ZIP: Portland, Oregon 9 Phone: 503.242.2900 E-mail: Mapplicant Business name: VLMK Engineering Contact name: Jennifer Kimura Address: 3933 SW Kelly Ave City/State/ZIP: Portland, OR 97239 Phone: 503.222.4453 E-mail: jenniferk@vlmk.com	Park, LLC 5500 7201 Fax: CONTACT PERSON g + Design Fax: Fax:
Name: Denney Road Industrial I Address: 1121 SW Salmon Suite City/State/ZIP: Portland, Oregon 9 Phone: 503.242.2900 E-mail: MAPPLICANT Business name: VLMK Engineering Contact name: Jennifer Kimura Address: 3933 SW Kelly Ave City/State/ZIP: Portland, OR 97239 Phone: 503.222.4453 E-mail: jenniferk@vlmk.com	Park, LLC 5500 7201 Fax: CONTACT PERSON g + Design Fax: Fax:
Name: Denney Road Industrial I Address: 1121 SW Salmon Suite City/State/ZIP: Portland, Oregon 9 Phone: 503.242.2900 E-mail: APPLICANT Business name: VLMK Engineering Contact name: Jennifer Kimura Address: 3933 SW Kelly Ave City/State/ZIP: Portland, OR 97239 Phone: 503.222.4453 E-mail: jenniferk@vlmk.com Business name: Perlo Constructio	Park, LLC 5500 7201 Fax: CONTACT PERSON g + Design Fax: Fax: CONTRACTOR
Name: Denney Road Industrial I Address: 1121 SW Salmon Suite City/State/ZIP: Portland, Oregon 9 Phone: 503.242.2900 E-mail:	Park, LLC 5500 7201 Fax: CONTACT PERSON g + Design Fax: Fax: CONTRACTOR
Name: Denney Road Industrial I Address: 1121 SW Salmon Suite City/State/ZIP: Portland, Oregon 9 Phone: 503.242.2900 E-mail:	Park, LLC 5500 7201 Fax: CONTACT PERSON G + Design Fax: CONTRACTOR In 4
Name: Denney Road Industrial I Address: 1121 SW Salmon Suite City/State/ZiP: Portland, Oregon 9 Phone: 503.242.2900 E-mail:	Park, LLC 500 7201 Fax: CONTACT PERSON g + Design Fax: CONTRACTOR In 4

REQUIRED DATA: 1- AND		
	Control to the first the second of the secon	
Permit fees* are based on the value Indicate the value (rounded to the rematerials, labor, overhead, and the this application.	nearest dollar) of all equi	oment, ted on
Valuation		
Number, of bedrooms:		
Number of bathrooms:		
Total number of floors:		
New dwelling area:	square feet	
Garage/carport area:	square feet	
Covered porch area:	square feet	
Deck area:	square feet	
Other structure area:	square feet	
REQUIRED DATA: COMME		
Permit fees* are based on the value indicate the value (rounded to the materials, labor, overhead, and the this application.	nearest dollar) of all equi	pment,
Valuation	\$15	0,000
Existing building area:	square feet 3	3,600
New building area:	square feet	····
Number of stories:		-
Type of construction:		IIIE
Occupancy groups:		
Existing:		S-
New:		E
NOT	ICE	
All contractors and subcontractors the Oregon Construction Contract may be required to be licensed in being performed. If the applicant is following reasons apply:	ors Board under ORS 70 the jurisdiction in which v	1 and vork is
the Oregon Construction Contract may be required to be licensed in being performed. If the applicant is	ors Board under ORS 70 the jurisdiction in which use exempt from licensing,	1 and vork is
the Oregon Construction Contract may be required to be licensed in being performed. If the applicant is following reasons apply: BUILDING PE Please refer to	ors Board under ORS 70 the jurisdiction in which us s exempt from licensing, ERMIT FEES*	1 and vork is the
the Oregon Construction Contract may be required to be licensed in being performed. If the applicant is following reasons apply:	ors Board under ORS 70 the jurisdiction in which use exempt from licensing,	1 and vork is the

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

 Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

Beaverton

Print name:

Hilary Conway

Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550

OFFICE	USE ONLY
Date Received: 09/27/2019	Permit No.: B2019-4060
Date Issued:	Ву:
CITY OF BEAVERTON	Payment Type:

O I E G O H	General Information (503) 526-2222 BeavertonOregon.gov	CITY	OF BEAVERTON Payment	
		BUIL	DING POVISIONTA: 1- AND	2-FAMILY DWELLING
	TYPE OF WORK		Donnit food are based on the value	of the work performed.
☐ New construction	Demolition		Indicate the value (rounded to the materials, labor, overhead, and the	earest dollar) of all equipment, profit for the work indicated on
Addition/alteration/replacement	☑ Other:Solar	<u></u>	this application.	18,000
CA	TEGORY OF CONSTRUCTION		Valuation	10,000
☑ 1- and 2-family dwelling	Commercial/industrial .		Number, of bedrooms:	
Accessory building	Multi-family		Number of bathrooms:	
Master builder	Other;		Total number of floors:	
Jos si	TE INFORMATION AND LOCATION		New dwelling area:	square feet
Job site address: 13890 SW Bo	onnie Brae St.		Garage/carport area:	square feet
city/State/ZIP: Beaverton, OR	97005		Covered porch area:	square feet
Suite/bldg,/apt. no;;	Project name;		Deck area;	square feet
Cross street/directions to job sile:			Other structure area:	square feet
			REQUIRED DATA: COMME	RCIAL-USE CHECKLIST
	Lot no.:		Desmit foor are based on the value	n of the work performed.
Subdivision:	LOTTO		Indicate the value (rounded to the i materials, labor, overhead, and the	nearest dollar) of all equipment.
Tax map/parcel no.:	DESCRIPTION OF WORK		this application.	
			Valuation	
Installation and hook up o	root-mount 4.5kw solal syste	"""	Existing building area:	square feet
			New building area:	square feet
			Number of stories;	
☑ PROPERTY OWN	ER 🔲 TENANT		Type of construction:	
Name: Robert Cherry			Occupancy groups:	
Address:13890 SW Bonnie	Brae St.		Existing:	
city/state/ziP:Beaverton, OR	97005		New;	
Phone: (503) 709-5997	Fax:		NOT	(CE
E-mail:goldencherrys@con	ncast,nèt		All contractors and subcontractors	are required to be licensed will
☐ APPLICANT	☑ CONTACT PERSON		the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work	ors Board under ORS 701 and the lurisdiction in which work is
Business name: Green Ridge	Solar		being performed. If the applicant is following reasons apply:	s exempt from licensing, the
Contact name: Hilary Conway			following (seasons abbit):	
Address: 19450 SW Mohav				
City/State/ZIP:Tualatin, OR 9				
Phone: (503) 395-1943	Fax:			
E-mail:operations@greenr	idgepower.com			
	CONTRACTOR		BUILDING PI	ERMIT FEES'
Business name: Green Ridge	Solar		Please refer to	o lee schedule
Address: 19450 SW Mohav			Fees due upon application	\$267.56
City/state/ZIP:Tualatin, OR 9			Amount received	
Phone: (503) 395-1943	Fax:		Date received:	
			M. J. M.	ron if a unemit in and obtained
CCB lie.:210450	3		within 180 days after it has	res if a permit is not obtained been accepted as complete
Authorized signature:	at at a		1	ri-County Building

Date:

09/10/19

 Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

ADDALT

Building Permit Application

1 APPROVED/



Print name: MAXWELL

Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550

RECEIVED	
OFFIC	E USE ONLY
Date Received:24/2019	Permit No.: B2019-4006
Date Issued:	Ву:
CITY OF REAVERTON	Payment Type:

TO NEGEO, HE (Beneral Information (503) 526-2222	Date (Ssued)		RA:
	BeavertonOregon.gov		BEAVERTON	Payment Type:
n in	PE OF WORK	BAITON	IG DIVISION	4) 1- AND 2-FAMILY DWELLING
☐ New construction	☐ Demolition	(1994) 1847 (1847) L		
Addition/alteration/replacement	☐ Other:		Indicate the value (rounds materials, labor, overhead	ed to the nearest dollar) of all equipment, i, and the profit for the work indicated on
CATEGORY	OF CONSTRUCTION	A STATE OF THE STATE OF	this application.	
XI_1- and 2-family dwelling	☐ Commercial/industrial		Valuation 18 000	
☐ Accessory building	☐ Multi-family		Number, of bedrooms:	
☐ Master builder	☐ Other:		Number of bathrooms:	
JOB SITE INFO	HMATION AND LOCATION	\$57.72.62.83.ET	Total number of floors:	
Job site address: 100 -	AND THE PROPERTY OF THE PROPER	4.47.38444	New dwelling area:	square feet
City/State/ZIP: 2CANCOTA	W MAIN AVE		Garage/carport area;	square feet
Suite/bldg./apt, no.:	102 97005		Covered porch area:	square feet
Cross street/directions to job site:	Project name:		Deck area:	square feet
Closs sheepthrecapits to Job site.			Other structure area:	square feet
	•		REQUIRED DATA:	COMMERCIAL-USE CHECKLIST
Subdivision:	Lot no.:		Permit fees* are based or	n the value of the work performed.
Tax map/parcel no.:			indicate the value (rounds materials, labor, overhear	ed to the nearest dollar) of all equipment, d, and the profit for the work indicated on
DESCRI	PTION OF WORK		this application.	
Drakin n		A 1000	Valuation	
PERAIR EXISTRATE	FONT FOECH AND ST	KH2.	Existing building area:	
VEW FOOTNES, FORM	in, Deck Suppac	5=	New building area:	square feet
			Number of stories:	
PROPERTY OWNER	☐ TENANT		Type of construction:	
Name: KIMPERLY & CARICK			Occupancy groups:	
Address: 5323 NG GAR	TEND AND		Existing:	
City/State/ZIP: DolJ CAND OL	97211		New:	
Phone: 4.3 917-4859	Fax:			Notice
E-mail:			All contractors and subor	ontractors are required to be licensed with
APPLICANT.	CONTACT PERSON	100 100 100 100 100 100 100 100 100 100	the Oregon Construction	Contractors Board under ORS 701 and ensed in the jurisdiction in which work is
All the second s	T CONSTRUTION		being performed, if the a	ipplicant is exempt from licensing, the
Contact name: ANXIII	72.501		following reasons apply:	
7447				
Address: 4705 NE	MALLORY AVE			
City/State/ZIP: Popy 0	R 97211			
Phone: 53-515-2315	Fax:			
E-mail: PPOJECTS GL	and the contraction of the contraction of the contraction which	3 M 38/2 V 2 SATE (\$1.895)	BUIL.	DING PERMIT FEES'
CONT	RACTOR	75 (4.36 G) (1.56 G)	· · · · · · · · · · · · · · · · · · ·	se refer to fee schedule
Business name: GREW LIGH	HT CONSTRUTION			4407.54
Address: 4705 NE N	LALLOPY AVE.		Fees due upon application	ψ107.01
City/State/ZIP: POPTIAND. OR	97211		Amount received	
Phone: \$83 - 515-2315	Fax:		Date received:	
CCB IIc.: 169299	1000		This permit applicat	ion expires it a permit is not obtained
Authorized Danger	1///		within 180 days aft	er it has been accepted as complete
ignature:	Allen _		* Fan mathadalami	set by Tri-County Building

Date:

ding Fee methodology set by Tri-County Bu Industry Service Board

Form B70-1001



Print name:

Jeff Lee

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222

OFFICE USE ONLY	
Date Received:	Permit No B2019-3846
Date Issued:	Ву:
	Payment Type:

, , , , , , , , , , , , , , , , , , , ,	BeavertonOregon.gov
TY	PÉ OF WORK
☐ New construction	☐ Demolition
Addition/alteration/replacement	Other: Solar PV System
	Y OF CONSTRUCTION
☑ 1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:
	DRMATION AND LOCATION
	Drive, Beaverton, Oregon, 97006, United States
City/State/ZIP:	
	Project name:
Suite/bldg./apt, no.:	1 rojok rano.
Cross street/directions to job site:	
	<u> </u>
Subdivision:	Lot no.:
Tax map/parcel no.:	
The second secon	RIPTION OF WORK
PROPERTY OWNER Name: Ron Hall	[] TENANT
	The Private Program 97006 Uniter
	gat Drive, Beaverton, Oregon, 97006, United
City/State/ZIP: 7735805821	· .
Phone: //30800621	Fax:
E-mail:	
☑ APPLICANT	CONTACT PERSON
Business name: Blue Raven Solar LL	<u>.C</u>
Contact name: Ariel Randall	- Annual
Address: 1403 North Research Wa	ay
City/State/ZIP: Orem, UT 84097	
Phone: 385-482-0045	Fax:
E-mail: permitting.department@b	lueravensolar.com
CC CC	ONTRACTOR
Business name: Blue Raven Solar I	LLC
Address: 1403 North Research W	/ay
City/State/ZIP: Orem, UT 84097	
Phone: 385-482-0045	Fax:
CCB lic.: 210112	
Authorized Signature: Jeff Lee	

Date:

08/20/2019

F	Payment Type:	
REQUIRED DATA	: 1- AND 2-FAMILY DWELLING	
Permit fees' are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.		
Valuation \$8,240.41		
Number, of bedrooms:		
Number of bathrooms:		
Total number of floors:		
New dwelling area:	square feet	
Garage/carport area:	square feet	
Covered porch area:	square feet	
Deck area:	square feet	
Other structure area:	square feet	
	COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.		
Valuation		
Existing building area:	square feet	
New building area:	square feet	
Number of stories:		
Type of construction:		
Occupancy groups:		
Existing:		
New:		
	NOTICE	
the Oregon Construction of may be required to be lice	ntractors are required to be licensed with Contractors Board under ORS 701 and ensed in the jurisdiction in which work is oplicant is exempt from licensing, the	
	ping PERMIT FEES* e refer to fee schedule in 128.80	
	<u> </u>	
Date received:	·	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

 Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Jeff Lee

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222

OFFICE USE ONLY		
Date Received:	Permit No.: B2019-3842	
Date Issued: By:		
Payment Type:		

	BeavertonOregon.gov
TYPE	OF WORK
☐ New construction	☐ Demolition
☐ Addition/alteration/replacement	Other: Solar PV System
CATEGORY O	OF CONSTRUCTION
1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:
JOB SITE INFORM	NATION AND LOCATION
Job site address: 16670 Northwest Mission Oaks	s Dr, Beaverton, Oregon, 97006, United States
City/State/ZIP:	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision: Five oaks/triple creek	Lot no.:
Tax map/parcel no.: 1N131DA10600	
	ION OF WORK
PROPERTY OWNER Name: Cynthia Pixley	☐ TENANT
A STATE OF THE STA	Oaks Dr, Beaverton, Oregon, 97006, Unit
City/State/ZIP:	93., 93., 93., 93., 93., 93., 93., 93.,
Phone: 503-690-0730	Fax:
E-mail: cnpixley@gmail.com	
☑ APPLICANT	☐ CONTACT PERSON
Business name: Blue Raven Solar LLC	
Contact name: Hannah Webb	
Address: 1403 North Research Way	LANGE CONTRACTOR OF CONTRACTOR
City/State/ZIP: Orem, UT 84097	
Phone: 385-482-0045	Fax:
E-mail: permitting.department@blue	ravensolar.com
	RACTOR
Business name: Blue Raven Solar LLC	
Address: 1403 North Research Way	
City/State/ZIP: Orem, UT 84097	And the same of th
Phone: 385-482-0045	Fax:
CCB lic.: 210112	1
Authorized /	
signature:	Date
Print name:	Date:

REQUIRED DATA: 1- AND	2-FAMILY DWELLING
Permit fees* are based on the value Indicate the value (rounded to the materials, labor, overhead, and the this application.	nearest dollar) of all equipment,
Valuation \$12,492	-
Number. of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMME	RCIAL-USE CHECKLIST
Permit fees* are based on the value Indicate the value (rounded to the materials, labor, overhead, and the this application.	nearest dollar) of all equipment,
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	-
NOTI	CE
All contractors and subcontractors the Oregon Construction Contractor may be required to be licensed in the being performed. If the applicant is following reasons apply:	ors Board under ORS 701 and he jurisdiction in which work is
BUILDING PEI	RMIT FEES*
BUILDING PEI Please refer to	fee schedule

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

 Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

08/27/2019

ELECTRONIC SUBMATTA Development Department SEE I:/BLDG DIV W. Swemillike in Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

RECEIVED

OFFICE USE ONLY		
Pate Received 8/6/2019	Permit No.: B2019-3359	
pate Issued:	Ву:	
CITY OF BEAVERTON	Payment Type:	

O R E G O N		JILDING DIVISION Payment Type:		
	YPE OF WORK	REQUIRED DATA: 1- AND 2-FAM	IILY DWELLING	
☐ New construction	Demolition	Permit fees* are based on the value of the	work performed.	
☑ Addition/alteration/replacement	☐ Other:	Indicate the value (rounded to the nearest dollar) of all equip materials, labor, overhead, and the profit for the work indicat		
	RY OF CONSTRUCTION	this application. Valuation \$130,00		
☑ 1- and 2-family dwelling	☐ Commercial/industrial	Number, of bedrooms:		
	Multi-family	Number of bathrooms:		
☐ Master builder	☐ Other:		•	
JOB SITE INF	ORMATION AND LOCATION	Total number of floors:		
Job site address: 14155 SW Deer La	ne	New dwelling area:	square feet 130	
City/State/ZIP:Beaverton, OR 97008		Garage/carport area:	square feet	
Suite/bldg./apt. no.:	Project name: Kolp Remodel	Covered porch area:	square feet (
Cross street/directions to job site: Davies	·	Deck area:	square feet -5	
, Davido	and conone i any near manag	Other structure area:	square feet	
		REQUIRED DATA: COMMERCIAL-	USE CHECKLIST	
Subdivision: Mulhausen	Lot no.:6	Permit fees* are based on the value of the Indicate the value (rounded to the nearest		
Tax map/parcel no.:1S133BC01300		materials, labor, overhead, and the profit for this application.		
DESC	RIPTION OF WORK	Valuation		
Remodel inlouding a new roof ar	nd building out of the second story to	Existing building area:	square feet	
	dry room, and a bonus room. Also adding Ilt in a reduction in deck area. The kitchen	New building area:	square feet	
and bathrooms will not be renov			aquare rect	
	☐ TENANT	Number of stories: Type of construction:		
Name: Danielle and Ryan Kolp				
Address:14155 SW Deer Lane		Occupancy groups:		
City/State/ZIP:Beaverton, OR 97008	3	Existing:		
Phone: (503) 999-7851	Fax:	New:		
E-mail:dcoteschiff@gmail.com		NOTICE		
☑ APPLICANT	☐ CONTACT PERSON	All contractors and subcontractors are required to be licensed wit the Oregon Construction Contractors Board under ORS 701 and		
Business name:		may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the		
Contact name: Danielle and Ryan K	oln	following reasons apply:		
Address:14155 SW Deer Lane	OIP			
City/State/ZIP: Beaverton, OR 97008	3			
Phone: (503) 999-7851	Fax:			
E-mail:dcoteschiff@gmail.com	, 114			
	ONTRACTOR	BUILDING PERMIT FI	EES*	
Business name: Blair Built, LLC		Please refer to fee sche	edule	
Address: 4386 Rowan Ave N	3	Fees due upon application		
		Amount received		
City/State/ZIP: Keizer, OR 97303	Fax:	Date received:	*	
Phone: (503) 508-1515	I da.	Data received.		
CCB lic.:217675		This permit application expires if a per within 180 days after it has been acc		
Authorized signature:		within 100 days after it has been acc	opted as complete	

Date:

08/05/20

Print name:

Danielle and Ryan Kolp

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



signature:

Print name:

Hanth Kanna

Community Development Department **Building Division** 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

DECENTER	
OFFICE (JSE ONLY
Date Received: 09/09/2019	Permit No.: 8209-3613
Date Issued:	Ву:
CITY OF BEAVERTON	Payment Type:
(**) 141 mars	A: 1- AND 2-FAMILY DWELLING
Permit fees* are based of	on the value of the work performed.

Valuation

Number, of bedrooms:

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

\$14,500

	BeavertonOregon.gov B
	PE OF WORK
☐ New construction	☐ Demolition
☑ Addition/alteration/replacement	☐ Other:
	Y OF CONSTRUCTION
☑ 1- and 2-family dwelling	☐ Commercial/industrial
Accessory building	☐ Multi-family
Master builder	Other:
JOB SITE INFO	DRMATION AND LOCATION
Job site address: 8710 SW Maverick	Terrace
City/State/ZIP: Beaverton/OR/97008	
Suite/bldg./apt. no.:	Project name: Cottrell
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
·	
CZ ODODEDTY OWNED	LITENANT
PROPERTY OWNER	☐ TENANT
Name: Carlton Cottrell	
Name: Carlton Cottrell Address: 8710 SW Maverick Terrac	ce
Name: Carlton Cottrell Address: 8710 SW Maverick Terrac City/State/ZIP: Beaverton, OR 97008	De 3
Name: Carlton Cottrell Address: 8710 SW Maverick Terrac City/State/ZIP: Beaverton, OR 97008 Phone: 5039397881	ce
Name: Carlton Cottrell Address: 8710 SW Maverick Terrace City/State/ZIP: Beaverton, OR 97008 Phone: 5039397881 E-mail: carltoncottrell@gmail.com	Ce 3 Fax:
Name: Carlton Cottrell Address: 8710 SW Maverick Terrace City/State/ZIP: Beaverton, OR 97008 Phone: 5039397881 E-mail: carltoncottrell@gmail.com	De 3
Name: Carlton Cottrell Address: 8710 SW Maverick Terrace City/State/ZIP: Beaverton, OR 97008 Phone: 5039397881 E-mail: Carltoncottrell@gmail.com APPLICANT Business name: Imagine Energy	Ce 3 Fax:
Name: Carlton Cottrell Address: 8710 SW Maverick Terrace City/State/ZIP: Beaverton, OR 97008 Phone: 5039397881 E-mail: carltoncottrell@gmail.com APPLICANT Business name: Imagine Energy Contact name: Heath Kearns	Ce 3 Fax:
Name: Carlton Cottrell Address: 8710 SW Maverick Terrace City/State/ZIP: Beaverton, OR 97008 Phone: 5039397881 E-mail: Carltoncottrell@gmail.com APPLICANT Business name: Imagine Energy Contact name: Heath Kearns Address: 7001 NE Columbia Blvd	Ce 3 Fax:
Name: Carlton Cottrell Address: 8710 SW Maverick Terrace City/State/ZIP: Beaverton, OR 97008 Phone: 5039397881 E-mail: carltoncottrell@gmail.com Papplicant Business name: Imagine Energy Contact name: Heath Kearns Address: 7001 NE Columbia Blvd City/State/ZIP: Portland, OR 97218	Ce 3 Fax:
Name: Carlton Cottrell Address: 8710 SW Maverick Terrace City/State/ZIP: Beaverton, OR 97008 Phone: 5039397881 E-mail: Carltoncottrell@gmail.com APPLICANT Business name: Imagine Energy Contact name: Heath Kearns Address: 7001 NE Columbia Blvd City/State/ZIP: Portland, OR 97218 Phone: 5419122390	Fax: Fax: Fax:
Name: Carlton Cottrell Address: 8710 SW Maverick Terrace City/State/ZIP: Beaverton, OR 97008 Phone: 5039397881 E-mail: Carltoncottrell@gmail.com APPLICANT Business name: Imagine Energy Contact name: Heath Kearns Address: 7001 NE Columbia Blvd City/State/ZIP: Portland, OR 97218 Phone: 5419122390 E-mail: H.Kearns@imagineenergy	Fax: Fax: Fax:
Name: Carlton Cottrell Address: 8710 SW Maverick Terrace City/State/ZIP: Beaverton, OR 97008 Phone: 5039397881 E-mail: Carltoncottrell@gmail.com APPLICANT Business name: Imagine Energy Contact name: Heath Kearns Address: 7001 NE Columbia Blvd City/State/ZIP: Portland, OR 97218 Phone: 5419122390 E-mail: H.Kearns@imagineenergy	Fax: Fax: CONTACT PERSON Fax:
Name: Carlton Cottrell Address: 8710 SW Maverick Terrace City/State/ZIP: Beaverton, OR 97008 Phone: 5039397881 E-mail: Carltoncottrell@gmail.com APPLICANT Business name: Imagine Energy Contact name: Heath Kearns Address: 7001 NE Columbia Blvd City/State/ZIP: Portland, OR 97218 Phone: 5419122390 E-mail: H.Kearns@imagineenergy	Fax: Fax: CONTACT PERSON Fax:
Name: Carlton Cottrell Address: 8710 SW Maverick Terrace City/State/ZIP: Beaverton, OR 97008 Phone: 5039397881 E-mail: Carltoncottrell@gmail.com APPLICANT Business name: Imagine Energy Contact name: Heath Kearns Address: 7001 NE Columbia Blvd City/State/ZIP: Portland, OR 97218 Phone: 5419122390 E-mail: H.Kearns@imagineenergy Cotton Columbia Blvd Business name: Imagine Energy Address: 7001 NE Columbia Blvd	Fax: Fax: CONTACT PERSON Fax:
Name: Carlton Cottrell Address: 8710 SW Maverick Terrace City/State/ZIP: Beaverton, OR 97008 Phone: 5039397881 E-mail: carltoncottrell@gmail.com	Fax: Fax: CONTACT PERSON Fax:
Name: Carlton Cottrell Address: 8710 SW Maverick Terrace City/State/ZIP: Beaverton, OR 97008 Phone: 5039397881 E-mail: Carltoncottrell@gmail.com APPLICANT Business name: Imagine Energy Contact name: Heath Kearns Address: 7001 NE Columbia Blvd City/State/ZIP: Portland, OR 97218 Phone: 5419122390 E-mail: H.Kearns@imagineenergy Cotton Columbia Blvd Business name: Imagine Energy Address: 7001 NE Columbia Blvd	Fax: CONTACT PERSON

Date:

00/0E/0040

Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERC	CIAL-USE CHECKLIST
Permit fees* are based on the value of Indicate the value (rounded to the nea materials, labor, overhead, and the pithis application.	arest dollar) of all equipment.
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are the Oregon Construction Contractors may be required to be licensed in the being performed. If the applicant is e following reasons apply:	Board under ORS 701 and surisdiction in which work is
-	
BUILDING PERI	WIT FEES"
Please refer to fe	e schedule
Fees due upon application	
Amount received	
Date received:	

Fee methodology set by Tri-County Building Industry Service Board



Print name:

Alex Webb

Community Development Department
Building Division 12725 SW Millikan Way / PO Box 4755

Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550

General Information (503) 526-2222

	OFFICE USE ONLY
Date Received:	Permit No.: PSU 19 - 3588
ate Issued:	Ву:
	Payment Type:

	BeavertonOregon.g@g L			
	TYPE OF WORK	REQUIRED DATA: 1- AND 2-FAMILY DWELLING		
☐ New construction	☐ Demolition	Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipmen		
☑ Addition/alteration/replacement	☐ Other:	materials, labor, overhead, and the profit for the work indicated on this application.		
CATEGO	Valuation			
☐ 1- and 2-family dwelling	☑ Commercial/industrial	Number, of bedrooms:		
☐ Accessory building	☐ Multi-family	Number of bathrooms:		
☐ Master builder	☐ Other:	Total number of floors:		
JOB SITE IN	FORMATION AND LOCATION	New dwelling area: square feet		
Job site address: 15000 sw barrows	rd			
city/State/ZIP: Beaverton Oregon				
Suite/bldg./apt. no.: 2002	Project name: Begin Labs	Covered porch area: square feet		
Cross street/directions to job site:		Deck area: square feet		
·		Other structure area: square feet		
		REQUIRED DATA: COMMERCIAL-USE CHECKLIST		
Subdivision:	Lot no.:	Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipmen		
Tax map/parcel no.:		materials, labor, overhead, and the profit for the work indicated of this application.		
DES	CRIPTION OF WORK	Valuation 5480		
add 5 pendent heads to accom	modate for new office construction, add	3 Existing building area: square feet		
upright sprinkler neads to acco	mmodate for new hvac and new wall.	New building area: square feet		
		Number of stories:		
☐ PROPERTY OWNER	☐ TENANT	Type of construction:		
Name:		Occupancy groups:		
Address:		Existing:		
City/State/ZIP:		New:		
Phone:	Fax:	NOTICE		
E-mail:		All contractors and subcontractors are required to be licensed wi		
☑ APPLICANT	☐ CONTACT PERSON	the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is		
Business name: Western States Fire	Protection	being performed. If the applicant is exempt from licensing, the		
Contact name: Alex Webb		following reasons apply:		
Address: 17500 sw 65th ave				
City/State/ZIP: lake oswego OR 970	035			
Phone: (641) 645-5099	Fax:			
E-mail: alex.webb@wsfp.us				
	ONTRACTOR	BUILDING PERMIT FEES*		
Business name: Western States Fire	e Protection	Please refer to fee schedule		
Address: 17500 sw 65th ave		Fees due upon application		
City/State/ZIP: lake oswego OR 970	035	Amount received		
Phone: (641) 645-5099	Fax:	Date received:		
CCB lic.: 104570		This permit application expires if a permit is not obtained		
Authorized Constitution Signature:		within 180 days after it has been accepted as complete		

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

8/21/19

08/21/19

Date:



Community Development Department **Building Division** 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

OFFICE USE ONLY				
Date Received:	Permil No. 2019 - 4255			
Date Issued:) by C			
	Payment Type:			

, , , , , , , , , , , , , , , , , , , ,	BeavertonOregon.gov	rayment type.	
	YPE OF WORK	REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
X New construction	☐ Demolition	Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment,	
Addition/alteration/replacement	Other:	materials, labor, overhead, and the profit for the work indicated on this application.	
CATEGO	RY OF CONSTRUCTION	Valuation \$72 ccc	
☐ 1- and 2-family dwelling	☐ Commercial/industrial	Number, of bedrooms:	
Accessory building	☐ Multi-family	Number of bathrooms:	
Master builder	A Other: Deck	Total number of floors:	
JOB SITE INF	ORMATION AND LOCATION	New dwelling area: square feet	
Job site address: 14:740 Sk	V Forest Dr	Garage/carport area: square feet	
City/State/ZIP: Beauert	on OR 97007	Covered porch area: square feet	
Suite/bldg./apt. no.:	Project name: Deck 1335		
Cross street/directions to job site:	a suyat P-	134	
SW Forest Dr	ive & SN Hart Ro	REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Cutedistance	Lot no.;	Permit fees* are based on the value of the work performed.	
Subdivision:		Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on	
	RIPTION OF WORK	this application.	
		Valuation	
deck of some of	ck and build new himonsions (9'x18') nt 60" above grade	Existing building area: square feet	
with max heigh	nt 60" above grack	New building area: square feet	
PT Framing, tre	exacck boards	Number of stories:	
PROPERTY OWNER	☐ TENANT	Type of construction:	
Name: Jenniter C	h	Occupancy groups:	
Address: 14740 SN	Forest Dr	Existing:	
City/State/ZIP: Beacerto	0, OR 97007	New:	
Phone:	Fax:	NOTICE	
E-mail:		All contractors and subcontractors are required to be licensed with	
Ş APPLICANT	☐ CONTACT PERSON	the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is	
Business name: MTP CC	petruction, UC	being performed. If the applicant is exempt from licensing, the following reasons apply:	
Contact name: Jennifer	Parks		
Address: LOOLOO N	e Glisan St	_	
City/State/ZIP: Portland	DR 97213		
Phone: 503 709.80	Fax:		
E-mail: Jennifer W	MTP construction. Org		
	ONTRACTOR	BUILDING PERMIT FEES*	
Business name: VTZ C	enstruction, UC	Please refer to fee schedule	
Address: 100100 NE	Filisan St	Fees due upon application 560172	
City/State/ZIP: Portland	DR 97213	Amount received	
Phone: 503, 309, 80	Fax:	Date received:	
CCB IIc.: 218013		This permit application expires if a permit is not obtained	
Authorized signature:	2.10	within 180 days after it has been accepted as complete	
Print name: OVENT	Parks Date: 10/10/80	* Fee methodology set by Trì-County Building Industry Service Board	
716.1.14		· · · · · · · · · · · · · · · · · · ·	

Form B70-1001



Print name:

Jeff Lee

Community Development Department Building Division

12725 SW Millikan Way / PO Box 4755

Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550

Conoral Information (503) 526-2222

The state of the s	E USE ONLY
ate Received 0/07/0040	Permit No.: B2019-4181
ate Issued: 10/07/2019	By: MC
CITYOF	Payment Type: //

OREGON	BeavertonOregon.gov	CITY	F BEAVERTON Paymen	t Type: // C
		BUILI	NNG DAGORBADATA: 1-ANI	D 2-FAMILY DWELLING
	TYPE OF WORK	200	Permit fees* are based on the value	te of the work performed.
☐ New construction	Demolition		Indicate the value (rounded to the materials, labor, overhead, and the	nearest dollar) of all equipment,
☐ Addition/alteration/replacement	Other: Solar PV System		this application.	
CATEGO	DRY OF CONSTRUCTION		Valuation \$11,282	
☑ 1- and 2-family dwelling	☐ Commercial/industrial		Number. of bedrooms:	
☐ Accessory building	☐ Multi-family		Number of bathrooms:	
☐ Master builder	Other:		Total number of floors:	
	FORMATION AND LOCATION	0.000	New dwelling area:	square feet
Job site address: 17700 NW Pioneer Rd,	BEAVERTON, Oregon, 97006, United States		Garage/carport area:	square feet
City/State/ZIP:			Covered porch area:	square feet
Suite/bidg./apt. no.:	Project name:		Deck area:	square feet
Cross street/directions to job site:			Other structure area:	square feet
			REQUIRED DATA: COMM	ERCIAL-USE CHECKLIST
Subdivision:	Lot no.:		Permit fees* are based on the val	ue of the work performed.
Tax map/parcel no.: 1N131CD9500			Indicate the value (rounded to the materials, labor, overhead, and the	e nearest dollar) of all equipment, ne profit for the work indicated on
Tux ttop/ps/or	CRIPTION OF WORK		this application.	
			Valuation	
Residential Rooftop Solar PV	System 4.41 kW		Existing building area:	square feet
			New building area:	square feet
			Number of stories:	
PROPERTY OWNER	☐ TENANT		Type of construction:	
Name: Carlos Nieva-Lozano			Occupancy groups:	
Address: 17700 NW Pioneer R	d, BEAVERTON, Oregon, 97006, Unit	ed State	Existing:	
City/State/ZIP:			New:	
Phone: 971-227-5933	Fax:		NO:	TICE
E-mail: carlosfnieva@gmail	.com		All contractors and subcontractor	rs are required to be licensed with
☑ APPLICANT	☐ CONTACT PERSON	2 (2	the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
Business name: Blue Raven Solar	LLC			
Contact name: Hannah Webb			tonorming reasons apply.	And the same of th
Address: 1403 North Research	Way			
City/State/ZIP: Orem, UT 84097				
Phone: 385-482-0045	Fax:			
E-mail: permitting.department@	Dblueravensolar.com			
	CONTRACTOR			PERMIT: FEES*
Business name: Blue Raven Sola	ar LLC		Please refer	to fee schedule
Address: 1403 North Research	Way		Fees due upon application	\$128.80
City/State/ZIP: Orem, UT 84097			Amount received	
Phone: 385-482-0045	Fax:		Date received:	
CCB lic.: 210112	0		This permit application exp	lres if a permit is not obtained
Authorized Allered			within 180 days after it has	s been accepted as complete
signature:		 	* Fee methodology set by	Tri-County Building

10/03/2019

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222

	OFFICE USE ONLY						
Date Received:		ł.	chattale		Permit No.	2019-	4260
Date Issued:	10	111	X	19			<u> </u>
	•		100	1	Payment Type:	:	

, , , , , , , , , , , , , , , , , , ,	BeavertonOregon.gov		
	TYPE OF WORK		
☐ New construction	☐ Demolition		
✓ Addition/alteration/replacement	☐ Other:		
CATEGO	RY OF CONSTRUCTION		
1- and 2-family dwelling	☑ Commercial/industrial		
☐ Accessory building	☐ Multi-family		
☐ Master builder	☐ Olher:		
JOB SITE IN	FORMATION AND LOCATION		
Job site address: 4925 SW Angel Av	venue		
City/State/ZIP: Beaverton, OR 9700	05		
Suite/bidg./apt. no.: Suite 110	Project name: Hamilton Bldg, Ste 110		
	orner of the intersection of SW 4th Street N Angel Avenue		
Subdivision:	Lot.no.:		
Tax map/parcel no.;			
CHARLES AND	CRIPTION OF WORK		
Name: DeBraTre, LLC.			
Name: DeBraTre, LLC.			
Address: P.O. Box 751			
City/State/ZIP: Beaverton, OR 970	75		
Phone: (971) 404-4314	Fax:		
E-mail: novellasbeautysupply@y	/ahoo.com		
☑ APPLICANT	☐ CONTACT PERSON		
Business name: Paradigm Constru	ction, LLC.		
Contact name: Chris Mullin			
Address: 10260 SW Greenburg F	Road, Ste 400		
City/State/ZIP: Portland, OR 97223			
Phone: (503) 209-3976	976 Fax: (503) 452-6923		
E-mail: cmullin@paradigmconstr			
。在是在1975年中的1985年,在1986年的1986年,1986年的1986年	CONTRACTOR		
Business name: Paradigm Constru	····		
Address: 10260 SW Greenburg F	Road, Ste 400		
City/State/ZIP: Portland, OR 97223			
Phone: (503) 209-3976	Fax: (503) 452-6923		
CCB lic.: 186506.	1		
Authorized signature:			
Print name:	Date:		

Chris Mullin

REQUIRED DATA: 1- AND		
Permit fees* are based on the value indicate the value (rounded to the n materials, labor, overhead, and the this application.	earest dollar) of all equipment	l, n
Valuation		
Number, of bedrooms:		
Number of bathrooms:		
Total number of floors:		
New dwelling area:	square feet	
Garage/carport area:	square feet	
Covered porch area:	square feet	
Deck area:	square feet	
Other structure area:	square feet	
REQUIRED DATA; COMME	RCIAL-USE CHECKLIST	2
Permit fees* are based on the value indicate the value (rounded to the r materials, labor, overhead, and the this application.	searest dollar) of all equipmen	t, n
Valuation	\$68,74	44
Existing building area:	square feet 64	48
New building area:	square feet	
Number of stories:		1
Type of construction:	•	
Occupancy groups:		
Existing:		
New:		
NOT	CE	
All contractors and subcontractors the Oregon Construction Contract may be required to be licensed in being performed. If the applicant is following reasons apply:	ors Board under ORS 701 and the turisdiction in which work is	1
BUILDING PE	RMIT FEES*	
Please refer to		**************************************
Fees due upon application	12.12848	3
Amount received		
Date received:		

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

10/10/19



Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

OFFI	CE USE ONLY
Date Received: 10 - 14 - 19	Permit No.: B 2019-4273
Date Issued: 10-14-19	ву: 100
	Payment Type: VIS 5

,	Beaverton Oregon.gov	
	YPE OF WORK	REQUIRE
☐ New construction	☐ Demolition	Permit fees* are b Indicate the value
☐ Addition/alteration/replacement	Other:	materials, labor, of this application.
CATEGO	RY OF CONSTRUCTION	Valuation
☐ 1- and 2-family dwelling	Commercial/industrial	Number, of bed
☐ Accessory building	☐ Multi-family	Number of bath
☐ Master builder	☐ Other:	Total number o
JOB SITE INF	ORMATION AND LOCATION	New dwelling a
Job site address: 3720 L	, 14/2*	Garage/carport
City/State/ZIP:	OR 97005	Covered porch
Suite/bidg./apt. no.:	Project name: B	
Cross street/directions to job site:		Deck area:
	,	Other structure
Out Historia	Lot no.;	REQUIRED Permit fees* are b
Subdivision:	LOCATION	Indicate the value materials, labor, o
Tax map/parcel no.:	RIPTION OF WORK	this application.
		Valuation 🦸
Re-Roof		Existing buildin
Ke - K001		. New building a
		Number of stor
☐ PROPERTY OWNER	☐ TENANT	Type,of constru
Name:	•	Occupancy gro
Address:		Existing:
City/State/ZIP:		New:
Phone:	Fax:	
E-mail:		All contractors and
APPLICANT	□ CONTACT PERSON	the Oregon Consti may be required to
Business name: Connecte	iel Roofin Splusting	being performed. I
	4 (4) ()	following reasons
Address: 7353	St Alass Vr M3	
City/State/ZIP:	, OR 97015	
Phone: SON SIG	Fax:	
E-mail: days & C	tom took told toos, dom	****
C	ONTRACTOR	\$7.5 25 25 25 25 25 25 25 25 25 25 25 25 25
Business name:	Profine Sulchurs	
Address: 935 ? 15	Alania De «3	Fees due upon ap
City/State/ZIP: Clarking	OR, 97015	Amount received
Phone:	Fax:	Date received:
CCB IIc.: 214417		This permit ap
Authorized signature:		within 180 da
Print name: Chr. P. Jees	Date: (1)/14/19	 * Fee methodo Industry Serv

REQUIRED DATA: 1- AND 2	-FAMILY DWELLING
Permit fees* are based on the value of Indicate the value (rounded to the ne materials, labor, overhead, and the pathis application.	arest dollar) of all equipment,
Valuation	
Number, of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMER	CIAL-USE CHECKLIST
Permit fees* are based on the value Indicate the value (rounded to the ne materials, labor, overhead, and the p this application. Valuation	arest dollar) of all equipment, rofit for the work indicated on
Existing building area:	square feet
New building area:	square feet
Number of stories:	oquai e i e e .
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	territoria en estado esta por esperante en actualmente de la compresa del compresa de la compresa de la compresa del compresa de la compresa del la compresa del la compresa de la compresa del la compresa de la compre
All contractors and subcontractors ar the Oregon Construction Contractors may be required to be licensed in the being performed. If the applicant is e following reasons apply:	Board under ORS 701 and jurisdiction in which work is
· ·	
BUILDING PERM	/IT FEES*
Please refer to fe	e schedule
Please refer to fee	\$1090.23

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

RENU Chiropractic

Building Permit Application

Beaverton

Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 Date Received: 08/28/2019 Permit No.: B2019-3654

Date Issued: 10-15-19 By: 114

Payment Type:

	BeavertonOregon.ge	
TYPI	E OF WORK	
☐ New construction	☐ Demolition	
☑ Addition/alteration/replacement	☐ Other:	
CATEGORY OF CONSTRUCTION		
☐ 1- and 2-family dwelling	☑ Commercial/industrial	
☐ Accessory building	☐ Multi-family	
Master builder	Other:	
JOB SITE INFOR	MATION AND LOCATION	
Job site address: 3615 SW Hall Boulev	/ard	
City/State/ZIP: Beaverton, OR 97005		
Suite/bldg./apt. no.;	Project name: Renu Chiropractic	
Cross street/directions to job site: Cedar Hills Boulevard		
Subdivision:	Lot no.:	
Tax map/parcel no.:		
DESCRIF	PTION OF WORK	
PROPERTY OWNER Name:	☐ TENANT	
Address:		
City/State/ZIP:		
Phone:	Fax:	
E-mail:		
□ APPLICANT	☐ CONTACT PERSON	
Business name: DTS Systems, Inc.		
Contact name: Bud Allbee	And the second s	
Address: 7905 SW Nimbus Avenue		
City/State/ZIP: Beaverton, OR 97008		
Phone: (503) 643-3127	Fax: (503) 643-6194	
E-mail: bud@dtssystemsinc.com	1 3.1 (300) 040 0101	
	TRACTOR	
Business name: DTS Systems, Inc.		
Address: 7905 SW Nimbus Avenue		
City/State/ZIP: Beaverton, OR 97008		
	Fax: (503) 643-6194	
Phone: (503) 643-3127 CCB lic.: 134056	1,550(500) 070 0134	
Authorized signature:		
Print name:	Date:	

Bud Allbee

Payment Type:		
REQUIRED DATA: 1- AND 2-FAM	ILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.		
Valuation		
Number, of bedrooms:		
Number of bathrooms:		
Total number of floors:		
New dwelling area:	square feet	
Garage/carport area:	square feet	
Covered porch area:	square feet	
Deck area:	square feet	
Other structure area:	square feet	
REQUIRED DATA: COMMERCIAL-	A service of the serv	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.		
Valuation 4,560.00		
Existing building area:	square feet	
New building area: square feet		
Number of stories:		
Type of construction:		
Occupancy groups:		
Existing:		
New:		
NOTICE		
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:		
BUILDING PERMIT F	EES*	
Please refer to fee sch	edule	
Fees due upon application	\$258.64	
Amount received		
Date received:		

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

08/23/19



Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

OFFICE USE ONLY						
Date Received:	Ó	3	10	Perm	nit No.:(320) 9-414	>
Date Issued:	M) -	15-	19	Ву:	We	_
			•	Payn	nent Type: \\SC	

	BeavertonOregon.gov L	1, 2,,,,,,,,	700
TYPE O	PF WORK	REQUIRED DATA: 1- AND 2	FAMILY DWELLING
☐ New construction	☐ Demolition	Permit fees* are based on the value of Indicate the value (rounded to the ner	
Addition/alteration/replacement	☐ Other:	materials, labor, overhead, and the pr	
CATEGORY OF	CONSTRUCTION	Valuation	
☐ 1- and 2-family dwelling	☑ Commercial/industrial	Number. of bedrooms:	
☐ Accessory building	☐ Multi-family	Number of bathrooms:	
☐ Master builder	☐ Other:	Total number of floors:	
JOB SITE INFORMA	TION AND LOCATION	New dwelling area:	square feet
Job site address: 3925 50	Rose Biggi Ave -	Garage/carport area:	square feet
City/State/ZIP: BEAUTION,	UR 97005	Covered porch area:	square feet
Suite/bldg./apt. no.:	Project name: FRENCHIES	Deck area:	square feet
Cross street/directions to job site:		Other structure area:	square feet
		REQUIRED DATA: COMMERC	•
Subdivision:	Lot no.;	Permit fees* are based on the value of	
Tax map/parcel no.:		Indicate the value (rounded to the nea materials, labor, overhead, and the pr this application.	arest dollar) of all equipment,
	ON OF WORK	Valuation 3000,00	
RACEWAY, MOUNTE T	WHE CETTERS ON IT	Existing building area:	square feet
KACEWAY, MOUNTE	o que chouy	New building area:	square feet
		Number of stories:	
T PROPERTY OWNER	☐ TENANT	Type of construction:	
Name: KESCONE NO	ESTBAJE LC.	Occupancy groups:	
Address: / TOWN Carro		Existing:	
City/State/ZIP: 196 CA KATO	4, FL 33486	New:	
Phone:	Fax:	NOTICE	
E-mail: Business name: Contact name: Contact name: Cont	Contact person Co. of ONESON	All contractors and subcontractors are the Oregon Construction Contractors may be required to be licensed in the being performed. If the applicant is ex following reasons apply:	Board under ORS 701 and jurisdiction in which work is
Address: 15205 5.N. City/State/ZIP: 116Aph UK			
Phone: 4//, 732 - 3021	Fax:		
E-mail: JGMUTS & MYGL CONTRA	SION CO. COM	BUILDING PERM	IT FEES*
Business name: MEVEL 516N	Co. of ONEGON	Please refer to fee	schedule
Address: 15205 5.W.	74th AVE.	Fees due upon application	
City/State/ZIP: TITANO C	N 97224	Amount received	
Phone: 971-132-5621	Fax:	Date received:	
CCB lic.: 4014	mall	This permit application expires i	
signature:	11/4m	* Fee methodology set by Tri-Co	
Print name:	Date:	Industry Service Board	Juny Dukumy

Form B70-1001



Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550

OFFICE I	USE ONLY
Date Received: 8-15-19	Permit No. 132019-3489
Date Issued: 10 - 10 19	By: HUL
	Payment Type: V15Cu

	beaverionOregon.gov -	
TYPE O	F WORK	
☐ New construction	☐ Demolition	
Addition/afteration/replacement	☐ Other:	
CATEGORY OF	CONSTRUCTION	
1- and 2-family dwelling	Commercial/industrial	
☐ Accessory building	☐ Multi-family	
☐ Master builder	Other:	
JOB SITE INFORMA	TION AND LOCATION	
Job site address: 8/25 SW (ASG	ADE SO. ALE	
City/State/ZIP: FEARERTON OR	97008	
Suite/bidg./apt. no.: 500-506	Project name: SUITE 500-506 TI	
Cross street/directions to job site:		
SW HALL BI	ND.	
Subdivision: 5 27A D00 02	Lot na.: 190	
Tax map/parcel no.:		
DESCRIPTIO	ON OF WORK	
(2) STORAGE ROOMS AND A LOBBY. RELOCATE KITCHEN AND ENCLOSE (2) LARGER OPEN OFFICE SPACES. SUITE 506: RECONFIGURE (E) OFFICES		
Ø PROPERTY OWNER	☐ TENANT	
	PERTIES	
Address: 1430 SW BROADW	IAT.	
City/State/ZIP: POPTIAND OR	97201	
Phone: 503 2 +2 -2900	Fax:	
E-mail:		
Ø APPLICANT	Ø CONTACT PERSON	
Business name: INK BUIUT.		
Contact name: MEUTHOA RETALL		
Address: 2808 NE MLK JR BLVD. STE G		
City/State/ZIP: PORTLAND OR 97		
Phone: 503 - 701 - 5277	Fax:	
E-mail: Mel @ inkbuiltdosign com		
CONTRACTOR (S. 1984) AND CONTRACTOR (S. 1984)		
Business name: PAUTIC COEST		
Address: 17750 SW TPPER	BOONES FERRY PD #190	
City/State/ZIP: DURHAM OR 9	7224 '	
Phone: 5103 - 968 - 7509	Fax:	
CCB lic.: 66915		
Authorized signature:		
Print name:	✓ ✓ Date: 08/12/2019	

MENTINDA PETRUKK

Payment Type. V13CC	
REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees' are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number, of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area: square feet	
Garage/carport area: square feet	
Covered porch area: square feet	
Deck area: square feet	
Other structure area: square feet	
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation \$172,450	
Existing building area: 96,620 square feet	
New building area: Square feet	
Number of stories:	
Type of construction: 1B	
Occupancy groups:	
Existing: 3 14 5	
New: N/A	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755

12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550

hone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 BeavertonOregon.ge



Date Issued: 10-16-19 By: JUL

CITY OF BEAVERTON Payment Type: CIULE

10 11 5 3 3 11	BeavertonOregon.gc
TYPE OF	WORK
☑ New construction	☐ Demolition
☐ Addition/alteration/replacement	Other:
CATEGORY OF	CONSTRUCTION
✓ 1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:
JOB SITE INFORMAT	ION AND LOCATION
Job site address: 11703 SW SOPHIA CT	
City/State/ZIP: Beaverton, OR 97225	
Suite/bldg./apt. no.:	Project name: Cameron Place
Cross street/directions to job site: Walker Rd to	Lynnfield Lane
Subdivision: Cameron Place	Lot no.: 1
Tax map/parcel.no.:	
	N OF WORK
	FT-TEMANT
PROPERTY OWNER	☐ TENANT
Name: Mission Homes NW, LLC	A A STATE OF THE S
Address: PO Box 1689	
city/State/ZIP: Lake Oswego, OR 97035	F (500) 044 9504
Phone: (503) 381-3753	Fax: (503) 214-8524
E-mail: josh@missionhomes.com	CONTACT PERSON
☐ APPLICANT	
Business name: Mission Homes NW, LLC	
Contact name: Josh Kelso	
Address: PO Box 1689	
city/State/ZIP: Lake Oswego, OR 9035	Fax: (503) 214-8524
Phone: (503) 381-3753	Fax. (303) 214-0324
E-mail: josh@missionhomes.com	ACTOR
Business name: Mission Homes NW	
Address: PO Box 1689	
city/state/ZIP: Lake Oswego, OR 97035	Fax: (503) 214-8524
Phone: (503) 381-3753	1.5% (500) 217 0027
CCB IIc.: 186849	
Authorized signature:	

Print name:

Josh Kalen

Date:

09/25/19

DING DIVISION REQUIRED DATA: 1- AND 2		
Permit fees* are based on the value of indicate the value (rounded to the ne materials, labor, overhead, and the p this application.	arest dollar) of all equ	ilpment, (
Valuation \$419,013.05		
Number. of bedrooms:		4
Number of bathrooms:		3
Total number of floors:		2
New dwelling area:	square feet	3154
Garage/carport area:	square feet	637
Covered porch area:	. square feet	80
Deck area:	square feet	
Other structure area:	square feet	
REQUIRED DATA: COMMER	ICIAL-USE CHECKL	ST
Permit fees* are based on the value indicate the value (rounded to the naterials, labor, overhead, and the pathis application.	earest dollar) of all eq	uipment.
Valuation		
Existing building area:	square feet	
New building area:	square feet	
Number of stories:		
Type of construction:		
Occupancy groups:		
Existing:		
New:		
NOTIC	E	
All contractors and subcontractors a the Oregon Construction Contractor may be required to be licensed in the being performed. If the applicant is following reasons apply:	rs Board under ORS : ne jurisdiction in which	701 and work is
BUILDING PER Please refer to a Fees due upon application		34
Amount received		
Date received:		

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

Beaverton

Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

OFFICE	USE ONLY
Date Received:	Permit No. 19 - 42202
Date Issued: UCT 11 2019	Ву: 1/1
10-16-19	Payment Type:

	BeavertonÓregon.gov	DING SERVICES I		,
TYPE O	a. 成本作用 医皮肤 化环基 医牙囊性 医电子 化二氯甲基酚甲基酚甲基酚甲基酚甲基酚甲基酚甲基酚甲基酚甲基酚甲基酚甲基酚甲基酚甲基酚甲		URED DATA; 1- AND 2-FAI	MILY DWELLING
☐ New construction	☐ Demolition		ire based on the value of the alue (rounded to the nearest	
Addition/alteration/replacement	☐ Other:		or, overhead, and the profit t	
CATEGORY OF	CONSTRUCTION	Valuation		
1- and 2-family dwelling	Commercial/industrial	Number, of	f bedrooms:	
☐ Accessory building	☐ Multi-family	Number of	bathrooms:	
☐ Master builder	☐ Other:	Total numb	per of floors:	
JOB SITE INFORMAT	ION AND LOCATION	New dwelli		square feet
Job site address: 9701 SW Bar	nes Rd	Garage/car		square feet
City/State/ZIP: Portland OR 9"				
Suite/bldg./apt. no.: Peter Kort III	Project name: WHA Mammo	Covered po		square feet
Cross street/directions to job site: Ste 100		Deck area:		square feet
	•	Other struc		square feet
	·		RED DATA: COMMERCIAL	
Subdivision:	Lot no.:	Indicate the va	re based on the value of the alue (rounded to the nearest	dollar) of all equipment,
Tax map/parcel no.:		materials, laboration	or, overhead, and the profit t n.	
DESCRIPTION	공사원들에 가득하고 되고 되었습니다. 기가 하면 한번 원생물 및 대통하다 기대가 되었습니다. 기가에 1	Valuation		5,000
Relocate DEXA Equi New Mampograph E	amoment in It's place	Existing bu	ilding area:	square feet
New Mamiograph E	guipment in 11's place	. New buildir	ng area:	square feet
V		Number of	stories:	
PROPERTY OWNER	☐ TENANT	Type of cor		
Name: Peterkort Properto	n Management	Occupancy	groups:	
Address: 9755 SW Barne	& Rd.	Existin	g:	
	17225	New:		
Phone: 503-646-5632	Fax:		NOTICE	
E-mail: + beavers@peterkort.	com	All contractors	s and subcontractors are req	uired to be licensed with
APPLICANT	☐ CONTACT PERSON	the Oregon Co	onstruction Contractors Boa ed to be licensed in the juris	rd under ORS 701 and
Business name: R&H Constru	action	being perform	ed. If the applicant is exemp	ot from licensing, the
Contact name: David Fuersten		following reas	элѕ арріу:	
Address: #2019 NW Wilson	SH /	-		
City/State/ZIP: Portland OR	97209		•	
Phone: 503 819 -3881	Fax:			
E-mail: Afuerst@rhcomst	· Com			
CONTRAC	· 我们在我们,这种大大的说话,这样的说话,也是这种人的就是我们的人的话,这样的话,我也就能说了这个人的,也不知识的,也不是这么一事。		BUILDING PERMIT F	EES*
Business name: Rot H Constru	ction		Please refer to fee sch	edule
Address: 7019 NW Milson		Fees due upo	n application	
	17209	Amount receiv	/ed	
Phone: 50x 819 3881	Fax:	Date received	:	
CCB lic.: 38304		This normi	t application expires if a p	ermit is not obtained
Authorized /		within 18	n days after it has been ac	cepted as complete
signature:				

Date: [0] 11 | Z019

David Fuerstenberg

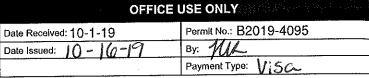
Print name:

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222



Approved



Print name:

Jorge Soto

	Beaver(onOregon.gues
	PE OF WORK
☐ New construction	Demolition
☑ Addition/alteration/replacement	☐ Other:
CATEGOR	Y OF CONSTRUCTION
1- and 2-family dwelling	Commercial/industrial
Accessory building	☐ Multi-family
☐ Master builder	Other:
JOB SITE INFO	ORMATION AND LOCATION
Job site address: 8715 SW Curry Ct.	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name: Curry Ct. Deck
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCI	RIPTION OF WORK
PROPERTY OWNER Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
☑ APPLICANT	☑ CONTACT PERSON
Business name: Right Guys Framing	
Contact name: Jorge Soto	
Address: PO BOX 30131	
City/State/ZIP: Portland, OR 97294	
Phone: (503) 207-1146	Fax:
E-mail: jorge@rightguysframing.co	om
C	ONTRACTOR
Business name: Right Guys Framing)
Address: PO BOX 30131	
City/State/ZIP: Portland, OR 97294	
Phone: (503) 207-1146	Fax:
CCB IIc.: 224917	
Authorized signature:	

Date:

09/27/19

REQUIRED DATA: 1- AND	2-FAMILY DWELLING
Permit fees* are based on the value Indicate the value (rounded to the right materials, labor, overhead, and the this application.	e of the work performed. nearest dollar) of all equipment,
Valuation	19,800
Number. of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMME	RCIAL-USE CHECKLIST
Permit fees* are based on the value Indicate the value (rounded to the materials, labor, overhead, and the this application.	nearest dollar) of all equipment,
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOT	CE
All contractors and subcontractors the Oregon Construction Contract may be required to be licensed in being performed. If the applicant is following reasons apply:	ors Board under ORS 701 and the jurisdiction in which work is
BUILDING	RMIT FEES*
Please refer to	
Fees due upon application	\$290.98
Amount received	Ψ-/
Date received:	
Trate tenentent	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

Authorized signature:

Print name:

BENJAMIN P THORNTON

Building Permit Application

Approved

BB Session 530-658-690

Community Development Department **Building Division** 12725 SW Millikan Way / PO Box 4755

Beaverton, OR 97076 FLECTRONIC SUBMITTAL 3 Fax: (503) 526-2550

RECEIVED	
OFFICE	USE ONLY
Date Received: 03/21/2019	Permit No.: B2019-1137
Date Issued:	By:
CITY OF REAVERTOR	Payment Type:

SEE I:/BLDG DIV W	G-8 mation (503) 526-2222 BeavertonOregon.ggg	CIT	Y OF BEAVERTON Paymer	н Туре:
	PE OF WORK	<u> </u>	LDING DIVISION REQUIRED DATA: 1-AN	D 2-FAMILY DWELLING
	[2] Demolition		Permit fees* are based on the val	ue of the work performed.
☑ New construction			Indicate the value (rounded to the materials, labor, overhead, and the	nearest dollar) of all equipment, e profit for the work indicated on
Addition/alteration/replacement	Other:	[M. 1] 1 N [N] [N]	this application.	
The state of the s	Y OF CONSTRUCTION		Valuation	
1- and 2-family dwelling	☑ Commercial/industrial		Number, of bedrooms:	
☐ Accessory building	☐ Multi-family		Number of bathrooms:	
Master builder	Other:		Total number of floors:	
ing distributed as the control of th	DRMATION AND LOCATION		New dwelling area:	square feet
Job site address: 11375 SW CENTER	R ST, BEAVERTON, OR		Garage/carport area:	square feet
City/State/ZiP: 97005			Covered porch area:	square feet
Suite/bldg./apt. no.:	Project name: ACMA		Deck area:	square feet
Cross street/directions to job site: SW CEI	NTER ST AND SW 113TH AVE		Other structure area:	square feet
4			REQUIRED DATA: COMM	ERCIAL-USE CHECKLIST
Subdivision:	Lot no.:		Permit fees* are based on the val Indicate the value (rounded to the	lue of the work performed.
Tax map/parcel no.:			materials, labor, overhead, and it this application.	ne profit for the work indicated on
DESCI	RIPTION OF WORK		Valuation	\$13,450,786
THE EXISTING 'ARTS AND CO	MMUNICATION MAGNET ACA	DEMY'	Existing building area:	square feet 54,064
WILL BE DEMOLISHED, APAR	T FROM THE THEATER WHICH	WILL	New building area:	square feet 75,000
APPROXIMATELY 77 000 SOF	Y EDUCATIONAL FACILITY OF T WILL THEN BE CONSTRUCT	ED.		2
	TENANT		Number of stories:	
PROPERTY OWNER	distribution of the state of th	MACNIT	Type of construction:	IIB
	STRICT, FACILITES DEVELOP	MENI	Occupancy groups:	E, B & A
Address: 16550 SW MERLO ROA			Existing:	E, B & A
City/State/ZIP: BEAVERTON, OR, 9			New:	E, B & A
Phone: (503) 356-4449	Fax: (503) 356-4484		NO:	TICE
E-mail: mes@beaverton.k12.or.u			All contractors and subcontractor	rs are required to be licensed with
	☑ CONTACT PERSO	IN .	the Oregon Construction Contrac may be required to be licensed in	the jurisdiction in which work is
Business name: DLR GROUP			being performed, if the applicant following reasons apply:	is exempt from licensing, the
Contact name: BENJAMIN THORNT				
Address: 421 SW SIXTH AVENUE	, SUITE 1212			
City/State/ZIP: PORTLAND, OR, 97	204			
Phone: (503) 274-3969	Fax:			
E-mail: bthornton@dirgroup.com;	fmueller@DLRGROUP.com			FACTOR REPORT
	ONTRACTOR			ERMIT FEES*
Business name: TBD				lo fee schedule
Address:			Fees due upon application	
City/State/ZIP:			Amount received	
Phone:	Fax:		Date received:	
CCB lic.:			This permit application expl	res if a permit is not obtained
				مقما ويستنب بالمستندين والمستندين

Date:

03/20/19

within 180 days after it has been accepted as complete

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

APPROVED THEKSON'S FOOD WONTER

FLECTRONIC SUBMITTAL SEE 1:/BLDG DIV WG-8...

Authorized signature:

Print name:

Adam Conley

Development Department **Building Division**

llikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550

OFFICE USE ONLY Permit No.: B2019-3075 Date Received: 07/18/2019 Date Issued: () - (7 - 19 CITY OF BEAVERTON Payment Type: V254

this application.

Number, of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area:

Garage/carport area:

Covered porch area:

Other structure area:

Existing building area: New building area:

Number of stories:

Type of construction:

Occupancy groups:

Existing:

following reasons apply:

New:

Dack area:

this application.

Valuation

Valuation

Permit fees' are based on the value of the work performed.

Indicate the value (rounded to the nearest dollar) of all equipment,

materials, labor, overhead, and the profit for the work indicated on

REQUIRED DATA: COMMERCIAL-USE CHECKLIST Permit fees* are based on the value of the work performed.

Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and

may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the

BUILDING PERMIT FEES*

Please refer to fee schedule

square feet

18000.00

No Changes

Beaverton General Information (503) 526-2222 BeavertonOregon.gov BUILDING DIVISIONTA: 1- AND 2-FAMILY DWELLING TYPE OF WORK □ Demolition ☐ New construction Other: Addition/alteration/replacement CATEGORY OF CONSTRUCTION ☑ Commercial/industrial 1- and 2-family dwelling ☐ Multi-family Accessory building Master builder ☐ Other: JOB SITE INFORMATION AND LOCATION Job site address: 11850 SW Canyon Rd City/State/ZIP: Beaverton, OR 97005 Project name: Jacksons 517 Suite/bldg./apt. no.: Cross street/directions to job site: Corner of SW Canyon Rd and SW Broadway Street Lot no.: Subdivision: Tax map/parcel no.: DESCRIPTION OF WORK Replace existing Walk In cooler/freezer ☐ TENANT PROPERTY OWNER Name: Jacksons Food Stores Address: 3450 East Commercial Street City/State/ZIP: Meridian, ID 83642 Fax: Phone: (208) 888-6061 E-mail:acct.payable@jacksons.com ☐ CONTACT PERSON ☑ APPLICANT Business name: Polar Refrigeration, Inc. Contact name: Adam Conley Address:8819 NE 117th Avenue City/State/ZIP: Vancouver, WA 98662 Fax: Phone: (360) 852-2430 E-mail:adam@polar-refrigeration.net CONTRACTOR Business name: Same as Applicant Address: City/State/ZIP: Phone: Fax: CCB lic.: 170015

Date:

07/16/19

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

Fees due upon application

Amount received

Date received:

REV 2/14

\$439.56

RECEIVED

■ New construction

1- and 2-family dwelling

☐ Accessory building

☐ Master builder

Job site address:

Suite/bldg./apt. no.;

City/State/ZIP:

Subdivision:

Name: Address: 1 City/State/ZIP: Phone: E-mail:

Business name: Contact name: Address: City/State/ZIP:

Phone: 6

CCB llc.: Authorized

signature:

Print name:

Business name: Address: City/State/ZIP:

Tax map/parcel no.:

Addition/alteration/replacement

Cross street/directions to job site: Morray /

arolwood

PROPERTY OWNER

APPLICANT

Community Development Department **Building Division** 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

□ Demolition

☐ Multi-family

☐ Other:

SW Dunsmuir Lane

Lot no.:

(DO WILL FOOM)

DESCRIPTION OF WORK

OR

o€

Project name;

☐ Commercial/industrial

97007

Hart rd.

existing

☐ TENANT

CONTACT PERSON

Date:

Other:

TYPE OF WORK

CATEGORY OF CONSTRUCTION

JOB SITE INFORMATION AND LOCATION

BeavertonOregon.gov

				500000000000	7 TO 10			92X			
Date Receiv		<u> 10/</u>	10/2	<u> 2019</u>	7	Pern	il No.:	8	301	9-4	[طا
Date Issued:		0-	17-	1 <u>7</u>	TZ	Бу:	W	-	110		
	<u> </u>	YUF	DEP		Y	Peyn	nent Ty	pe:	M	<u> </u>	
	B	اللاالا	NG L	IBED U	UI' AT/	\ \ 1	AND 2	E A N	ILY DW	er i inc	
<u>17494 80,4 95 5 8 6 1</u>	1 F	Permi	4.0	Acceptance of			and the same of the same of the	4,177,244,77	work pe		1.01
-		Indica materi	e the va	ilue (roi or, overi	unde	ed to i	he near	rest	dollar) of	une ile	inment
		Valuat		32,4	40	0			•		
		Nur	nber. of	bedroo	ms:	چىدىم ئالىن	•				
		Nur	nber of	bathroo	ms:	25. A. W.	Opiney :				
		Tota	al numb	er of flo	ors:	2013 2013	in.	_		,	
		Nev	dwellir	ıg area;		0.	4.		square	feet 1 5	30
		Gar	age/car	oort are	a:	•			square	feet	
		Cov	ered po	rch area	a:				square t	eel	
	L	Dec	k area;						square f	eet	
		Oth	er struct	ure area	a;				square f	eet	
		21 20 25 55 55 50			4250		G	Car of Paris	JSE CHE		T.
		Indicate materia	e the val	lue (rou r, overh	nde	d to th	e neare	est d	vork per ollar) of the wor	all equir	oment, ted on
17 4 400-340-3	۱ ا	Valuatio	on.								
+		Exis	ing buil	ding are	a:				square f	eet	,
	Ľ	New	building	area:					square f	eet	
	L	Num	ber of s	tories:							
		Туре	of cons	struction	1:						
	L	Occi	pancy (groups:						·	
	-		Existing	:					*		
			Vew:								
						NO	TICE				
	tl n	he Oreq nay be seing pe	on Con required	structio I to be li f. If the	n Co icen app	ontrad sed in	stors Bo the Jur	ard isdic	red to be under Ol klon in w rom licer	RS 701 rhich wo	and ork is
							,			•	, , , , , , , , , , , , , , , , , , ,
sc ₁				BUIL	DIN	ig Pi	ERMIT	FEE	S*		
2000 000000			<u> </u>	Plea	se r	efer to	o fee sc	hedi	ıle	or Philosophics	
	F	ees du	upon a	pplicati	on			T			
	A	mount	received	1		····		\top			
	D	ale rec	eived:			······································					
		This p	ermit a	pplicat	lon	expir	es If a	pern	nit is no	t obtain	···········

within 180 days after it has been accepted as complete

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Print name:

Kevin Keljo

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222

OFFICE USE ONLY					
Date Received 0 / 0 / 2019	Permit No.: B2019-4233				
Date Issued: 10 - 18-19	ву: 111—				
CITY OF BEAVERTO	Payment Type:				

	BeavertonOregon.ge		DINO DIVIGIONI		
TYPE	OF WORK	- 5 UIL	Programme and the contract of	ND 2-FAMILY DWELLI	
New construction	☐ Demolition		Permit fees* are based on the v Indicate the value (rounded to the	ne nearest dollar) of all e	guipment,
☐ Addition/alteration/replacement	☑ Other: sign installation		materials, labor, overhead, and this application.	the profit for the work inc	licated on
CATEGORY (OF CONSTRUCTION		Valuation		
1- and 2-family dwelling	☑ Commercial/industrial		Number, of bedrooms:		
☐ Accessory building	☐ Multi-family		Number of bathrooms:		
☐ Master builder	☑ Other:		Total number of floors:		
JOB SITE INFORM	NATION AND LOCATION	\$\$555.13	New dwelling area:	square feet	
Job site address: 12620 SW 1st			Garage/carport area:	square feet	
City/State/ZIP: Beaverton Oregon 9700	05		Covered porch area:	square feet	,
Suite/bldg./apt. no.:	Project name: Syndicate blade sign		Deck area:	square feet	
Cross street/directions to job site: SW 1st St	and Watson Ave			square feet	
			Other structure area:		LIDT
O. I. C. Alberta	Lot no.:		REQUIRED DATA: COM Permit fees* are based on the v		est coder of code and characters
Subdivision:	LOTIO.		Indicate the value (rounded to t materials, labor, overhead, and	he nearest dollar) of all e	guipment,
Tax map/parcel no.:	TION OF WORK	CS64 (CC)(X.C.	this application.		
		X88 (544 (54)	Valuation		8,660
installation of a new blade sign with	n exterior neon		Existing building area:	square feet	
			New building area:	square feet	
			Number of stories:		
PROPERTY OWNER	☑ TENANT		Type of construction:		
Name: David Anderson			Occupancy groups:		
Address: 12620 SW 1st St			Existing:		
City/State/ZIP: Beaverton Oregon 9700	05		New:		
Phone: (971) 227-0341	Fax:		N	OTICE	
E-mail: operations@syndicatewines.	com	Ver No. A Marine J. d. vol.	All contractors and subcontract	ors are required to be lic	ensed with
☐ APPLICANT	☑ CONTACT PERSON		the Oregon Construction Contr may be required to be licensed	actors Board under ORS	701 and
Business name: Security Signs			being performed. If the application following reasons apply:	nt is exempt from licensing	ıg, the
Contact name: Kevin Keljo			tottoming rodootto uppry.		
Address: 2424 SE Holgate Blvd				•	
City/State/ZIP: Portland, OR 97202					
Phone: (503) 546-7105	Fax: (503) 230-1861			•	
E-mail: kevin@securitysigns.com					
CONT	TRACTOR			PERMIT FEES*	
Business name: Security Signs			Please refe	r to fee schedule	•
Address: 2424 SE Holgate Blvd			Fees due upon application		
City/State/ZIP: Portland, OR 97202			Amount received	45	
Phone: (503) 232-4172	Fax: (503) 230-1861		Date received:		· · · · · · · · · · · · · · · · · · ·
CCB IIc.: 122809			This permit application ex	pires if a permit is not	obtained
Authorized signature:			within 180 days after it h		

Date:

10/09/19

 Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

Wunderland F

OFFICE USE ONLY

Clear Form

Beaverton

Authorized

signature:

Print name:

Ronin Campbell

Ronin Campbell

Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755

Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

Date Received: 8/20/2019 Permit No.: B2019-3551

Date Issued: 10 - 18 - 19 By: 404

,	Beaverton Óregon.go	TO DEAVERION STREET
Л	YPE OF WORK	BUILDING DIVISION REQUIRED DATA: 1- AND 2-FAMILY DWELLING
☐ New construction	☐ Demolition	Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment.
☑ Addition/alteration/replacement	☐ Other:	materials, labor, overhead, and the profit for the work indicated on
	RY OF CONSTRUCTION	this application. Valuation
1- and 2-family dwelling	☑ Commerciat/industrial	Number, of bedrooms:
☐ Accessory building	☐ Multi-family	Number of bathrooms:
☐ Master builder	☐ Other:	Total number of floors:
JOB SITE INF	ORMATION AND LOCATION	New dwelling area: square feet
Job site address: 17235 SW Corridor	CT	
City/State/ZIP: Beaverton, OR 9700	6	
Suite/bldg./apt. no.: 150	Project name: Wunderland E	
Cross street/directions to job site:		Deck area: square feet
		Other structure area: square feet
	1	REQUIRED DATA: COMMERCIAL-USE CHECKLIST Permit fees* are based on the value of the work performed.
Subdivision:	Lot no.:	Indicate the value (rounded to the nearest dollar) of all equipment
Tax map/parcel no.:		materials, labor, overhead, and the profit for the work indicated or this application.
DESC	RIPTION OF WORK	Valuation 1011
Demo fire sprinkler heads in las	er tag arena and add heads und	NeW Existing building area: square feet
laser tag structure.		New building area: square feet
		Number of stories:
☐ PROPERTY OWNER	☐ TENANT	Type of construction:
Name:		Occupancy groups:
Address:	- Landerson - Land	Existing:
City/State/ZIP:		New:
Phone:	Fax:	NOTICE
E-mail:		All contractors and subcontractors are required to be licensed wit
□ APPLICANT	☐ CONTACT PERS	the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is
Business name: Wyatt Fire Protection	n	being performed. If the applicant is exempt from licensing, the following reasons apply:
Contact name: Ronin Campbell		·
Address: 9095 SW Burnham St		
City/State/ZIP: Tigard, OR 97223		
Phone: (503) 684-2928	Fax:	
E-mail: r.campbell@wyattfire.com	1	
C	ONTRACTOR	BUILDING PERMIT FEES*
Business name: Same		Please refer to fee schedule
Address:		Fees due upon application \$119.30
City/State/ZIP:		Amount received
Phone:	Fax:	Date received:
CCB lic.: 64077		This permit application expires if a permit is not obtained

Date:

08/20/19

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Authorized Kaitlin Rowland

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
Beaverton Oregon (1986)

10	CERVED		
	OFFICE (USE ONLY	
ate Received: 10	/18/2019	Permit No.: B2019-4352	
ale Issued:	21/20B (TEN	
CITY OF	BEAVERTON	Payment Type:	

(• • •	BeavertonOregon.ge	3UL	LDING DIVISION	an sangarang kang kang sangarang kang sangarang kang sa
TYPE OF		31,3055	REQUIRED DATA: IT AND 4	
New construction	☐ Demolition]	Permit fees* are based on the value of indicate the value (rounded to the near	rest dollar) of all equipment, I
☑ Addition/alteration/replacement	☐ Other:		materials, labor, overhead, and the prothis application.	olif tot the malk thatcared on
CATEGORY OF (SONSTRUCTION	SWGW .	Valuation	
1- and 2-family dwelling	☑ Commercial/industrial	↓	Number, of bedrooms:	
☐ Accessory building	☐ Mulli-family	_	Number of bathrooms:	
☐ Master builder	Other:	80	Total number of floors:	
JOB-SITE INFORMAT	ION AND LOCATION	\$. 2	New dwelling area:	square feet
Job site address: 11782 SW Barnes Rd		. .	Garage/carport area:	square feet
City/State/ZIP: Portland, OR 97225		4	Covered porch area:	squaré feet
Sulte/bidg./apf. no.: 100	Project name: Barnes Rd Upgrade	-	Deck area:	square feet
Cross street/directions to job site:			Other structure area:	square feet
			REQUIRED DATA: COMMERC	NALUSE CHECKLIST
Subdivision:	Lot no.:		Permit fees' are based on the value of	of the work performed. Prest dollar) of all equipment.
Tax map/parcel no.:		<u> </u>	materials, labor, overhead, and the profile this application.	Olk for the work indicated on
BESCRIPTIO	N OF WORK	E	Valuation	600
Add one new head in MRI dressing a	rea,		Existing building area:	square (eet
			New building area:	square feet 0
			Number of stories:	
PROPERTY OWNER	TINANT		Type of construction:	
Name:	al Distriction and the second		Occupancy groups:	
Address:		_	Existing:	
City/State/ZIP:		_	New:	
Phone:	Fax:	_	NOTIC	
E-mail:		8750 8750	All contractors and subcontractors a	re required to be licensed with
☐ APPLICANT	☑ CONTACT PERSON		the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the	
Business name: Wyatt Fire Protection		_	being performed. If the applicant is e following reasons apply:	xempt from licensing, me
Contact name: Kaitlin Rowland		-		
Address: 9095 SW Burnham St		\dashv		
city/state/ZIP: Portland, OR 97223				
Phone: (503) 684-2928	Fax:			
E-mail: k,rowland@wyattfire.com			BUILDING PER	MIT FEES!
CONTRACTOR			Please refer to fe	
Business name: Same as Applicant		\dashv	Fees due upon application	\$97.86
Address:		\dashv	Amount received	1
City/State/ZIP:		\dashv	Date received:	
Phone:	Fax:	\dashv		_
CCB lic.: 64077			This permit application expires	if a permit is not obtained

Date:

within 180 days after it has been accepted as complete

Fee methodology set by Tri-County Building Industry Service Board



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Date

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

BeavertonOregon.ge

OFFICE USE ONLY			
Date Received: 10/18/2019	Permit No.: B2019-4342		
Date Issued: 10 - 21-17	Ву: 11/4		
	Payment Type:		

Other: sign OF CONSTRUCTION C Commercial/ Multi-family Other: RMATION AND LOCA: Project name: J t and Tucker Ave	industrial TION ans projecting sign
OF CONSTRUCTION Commercial/ Multi-family Other: RMATION AND LOCA:	industrial TION ans projecting sign
☐ Multi-family ☐ Other: RMATION AND LOCA: 05 Project name: J	tion ans projecting sign
Other: CMATION AND LOCA O5 Project name: J	ans projecting sign
05 Project name: J	ans projecting sign
05 Project name: J	ans projecting sign
Project name: J	
Project name: J	
t and Tucker Ave	
)
i ot no :	
1	
PTION OF WORK	
	•
	☑ TENANT
05	
Fax:	
7	CONTACT PERSON
Fax: (503) 23	30-1861
TRACTOR	
Fax: (503) 23	30-1861
	Date:
	Fax: (503) 20

Раутен туре.	
REQUIRED DATA: 1- AND 2-FA	MILY DWELLING
Permit fees* are based on the value of th Indicate the value (rounded to the neares materials, labor, overhead, and the profit this application.	ie work performed. st dollar) of all equipment,
Valuation	
Number, of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIA	L-USE CHECKLIST
Permit fees* are based on the value of the Indicate the value (rounded to the nearest materials, labor, overhead, and the profit this application.	st dollar) of all equipment.
Valuation	12,770
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups;	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are re the Oregon Construction Contractors Bo- may be required to be licensed in the juri being performed. If the applicant is exem- following reasons apply:	ard under ORS 701 and isdiction in which work is
BUILDING PERMIT Please refer to fee so Fees due upon application Amount received	
Date received:	
Date received.	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

 Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

ELECTRONIC SUBMITTAL Building Division SEE I:/BLDG DIVW & William Way / PO Box 4755 Reaverton Phone: (503) 526-2493 Fax: (503) 526-2550

Date Receive	a: 07/22/20	
Date Issued:	10-21-	9

OFFICE USE ONLY Permit No.: B2019-3106

Payment Type:

O R E G O N	General Information (503) 526-2222 BeavertonOregon.geg
TY	PE OF WORK
☐ New construction	☐ Demolition
☐ Addition/alteration/replacement	☑ Other: T.I.
CATEGORY	OF CONSTRUCTION
☐ 1- and 2-family dwelling	☑ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	Other:
JOB SITE INFO	RMATION AND LOCATION
Job site address: 14900 SW BARROV	VS RD
City/State/ZIP: BEAVERTON, OR 970	007
Suite/bldg./apt. no.: 102, 103	Project name: OPTIMA SALON SUITES
Cross street/directions to job site: SW HOF	RIZON BLVD
Subdivision:	Lot no.:
Tax map/parcel no.: WCTM 2S105AA I	_OT 03300
and the state of t	IPTION OF WORK IENT OF 3,227 SF BUSINESS FOR RCHITECTURE, ACCESSIBLE
INTERIOR TENANT IMPROVEM SALON SUITES TO INCLUDE A RESTROOMS, AND FINISHES	IENT OF 3,227 SF BUSINESS FOR RCHITECTURE, ACCESSIBLE
INTERIOR TENANT IMPROVEM SALON SUITES TO INCLUDE A RESTROOMS, AND FINISHES PROPERTY OWNER Name: NARN, INC DBAOPTIMA S	IENT OF 3,227 SF BUSINESS FOR RCHITECTURE, ACCESSIBLE
INTERIOR TENANT IMPROVEM SALON SUITES TO INCLUDE A RESTROOMS, AND FINISHES PROPERTY OWNER Name: NARN, INC DBAOPTIMA S Address: 14746 SW 148TH	IENT OF 3,227 SF BUSINESS FOR RCHITECTURE, ACCESSIBLE
INTERIOR TENANT IMPROVEM SALON SUITES TO INCLUDE A RESTROOMS, AND FINISHES PROPERTY OWNER Name: NARN, INC DBAOPTIMA S Address: 14746 SW 148TH City/State/ZIP: TIGARD, OR 97224	IENT OF 3,227 SF BUSINESS FOR RCHITECTURE, ACCESSIBLE TENANT ALON SUITES
INTERIOR TENANT IMPROVEM SALON SUITES TO INCLUDE A RESTROOMS, AND FINISHES PROPERTY OWNER Name: NARN, INC DBAOPTIMA S Address: 14746 SW 148TH City/State/ZIP: TIGARD, OR 97224 Phone: (503) 821-9778	IENT OF 3,227 SF BUSINESS FOR RCHITECTURE, ACCESSIBLE Z TENANT ALON SUITES Fax:
INTERIOR TENANT IMPROVEM SALON SUITES TO INCLUDE A RESTROOMS, AND FINISHES PROPERTY OWNER Name: NARN, INC DBAOPTIMA S Address: 14746 SW 148TH City/State/ZIP: TIGARD, OR 97224 Phone: (503) 821-9778 E-mail: JAVAD@WORLDECOENE	IENT OF 3,227 SF BUSINESS FOR RCHITECTURE, ACCESSIBLE
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INTERIOR TENANT IMPROVEM SALON SUITES TO INCLUDE A RESTROOMS, AND FINISHES PROPERTY OWNER Name: NARN, INC DBAOPTIMA S Address: 14746 SW 148TH City/State/ZIP: TIGARD, OR 97224 Phone: (503) 821-9778 E-mail: JAVAD@WORLDECOENE APPLICANT Business name: Contact name: JACK SHIVELY Address: 29410 LAS BRISAS, RD, City/State/ZIP: MURRIETA, CA 9256.	JENT OF 3,227 SF BUSINESS FOR RCHITECTURE, ACCESSIBLE
INTERIOR TENANT IMPROVEM SALON SUITES TO INCLUDE A RESTROOMS, AND FINISHES PROPERTY OWNER Name: NARN, INC DBAOPTIMA S Address: 14746 SW 148TH City/State/ZIP: TIGARD, OR 97224 Phone: (503) 821-9778 E-mail: JAVAD@WORLDECOENE APPLICANT Business name: Contact name: JACK SHIVELY Address: 29410 LAS BRISAS, RD, City/State/ZIP: MURRIETA, CA 9256. Phone: (951) 293-4526	IENT OF 3,227 SF BUSINESS FOR RCHITECTURE, ACCESSIBLE
INTERIOR TENANT IMPROVEM SALON SUITES TO INCLUDE A RESTROOMS, AND FINISHES PROPERTY OWNER Name: NARN, INC DBAOPTIMA S Address: 14746 SW 148TH City/State/ZIP: TIGARD, OR 97224 Phone: (503) 821-9778 E-mail: JAVAD@WORLDECOENE APPLICANT Business name: Contact name: JACK SHIVELY Address: 29410 LAS BRISAS, RD, City/State/ZIP: MURRIETA, CA 9256. Phone: (951) 293-4526 E-mail: SCENICJFS@HOTMAIL.C	JENT OF 3,227 SF BUSINESS FOR RCHITECTURE, ACCESSIBLE TENANT ALON SUITES Fax: RGY.COM CONTACT PERSON STE 112 Fax: OM
INTERIOR TENANT IMPROVEM SALON SUITES TO INCLUDE A RESTROOMS, AND FINISHES PROPERTY OWNER Name: NARN, INC DBAOPTIMA S Address: 14746 SW 148TH City/State/ZIP: TIGARD, OR 97224 Phone: (503) 821-9778 E-mail: JAVAD@WORLDECOENE APPLICANT Business name: Contact name: JACK SHIVELY Address: 29410 LAS BRISAS, RD, City/State/ZIP: MURRIETA, CA 9256. Phone: (951) 293-4526 E-mail: SCENICJFS@HOTMAIL.C	IENT OF 3,227 SF BUSINESS FOR RCHITECTURE, ACCESSIBLE Image: I
INTERIOR TENANT IMPROVEM SALON SUITES TO INCLUDE A RESTROOMS, AND FINISHES PROPERTY OWNER Name: NARN, INC DBAOPTIMA S Address: 14746 SW 148TH City/State/ZIP: TIGARD, OR 97224 Phone: (503) 821-9778 E-mail: JAVAD@WORLDECOENE APPLICANT Business name: Contact name: JACK SHIVELY Address: 29410 LAS BRISAS, RD, City/State/ZIP: MURRIETA, CA 9256. Phone: (951) 293-4526 E-mail: SCENICJFS@HOTMAIL.C COORDINATE OF THE STATE OF THE SALE OF	JENT OF 3,227 SF BUSINESS FOR RCHITECTURE, ACCESSIBLE TENANT ALON SUITES Fax: RGY.COM CONTACT PERSON STE 112 Fax: OM
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INTERIOR TENANT IMPROVEM SALON SUITES TO INCLUDE A RESTROOMS, AND FINISHES PROPERTY OWNER Name: NARN, INC DBAOPTIMA S Address: 14746 SW 148TH City/State/ZIP: TIGARD, OR 97224 Phone: (503) 821-9778 E-mail: JAVAD@WORLDECOENE APPLICANT Business name: Contact name: JACK SHIVELY Address: 29410 LAS BRISAS, RD, City/State/ZIP: MURRIETA, CA 9256. Phone: (951) 293-4526 E-mail: SCENICJFS@HOTMAIL.C GOORD	JENT OF 3,227 SF BUSINESS FOR RCHITECTURE, ACCESSIBLE TENANT ALON SUITES Fax: RGY.COM CONTACT PERSON STE 112 Fax: OM

Date:

07/17/19

signature:

Print name:

Jack Shively

REQUIRED DATA: 1- AND 2-FAM	ILY DWELLIN	G
Permit fees* are based on the value of the Indicate the value (rounded to the nearest materials, labor, overhead, and the profit fo this application.	dollar) of all eq	uipment,
Valuation		
Number. of bedrooms:		
Number of bathrooms:		
Total number of floors:		
New dwelling area:	square feet	
Garage/carport area:	square feet	
Covered porch area:	square feet	
Deck area:	square feet	
Other structure area:	square feet	
REQUIRED DATA: COMMERCIAL-	USE CHECKL	IST
Permit fees* are based on the value of the Indicate the value (rounded to the nearest materials, labor, overhead, and the profit fo this application.	dollar) of all eq	uipment,
Valuation	95,	00.00
Existing building area:	square feet	3,227
New building area:	square feet	3,227
Number of stories:	<u>6</u>	2 1
Type of construction:	47.1.W	VB
Occupancy groups:	and the second s	В
Existing:		В
New:		В
NOTICE		
All contractors and subcontractors are required Oregon Construction Contractors Board may be required to be licensed in the jurisc being performed. If the applicant is exempt following reasons apply:	d under ORS 7 liction in which	01 and work is
248.45 176.48	·	
BUILDING PERMIT F	EES*	
Please refer to fee sche	edule	
Fees due upon application	\$1,351.1	8
Amount received		•
Date received:		

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222

OFFICE	JSE ONLY
Dalo Received: $5 - 3 - 17$	Permit No.: 82019 - 20049.
Date Issued:	W STATE OF THE STA
10/2/1/2019	Payment Type:

, - , 2 0 0 11	BeavertonOregon.gov	TOTAILYNA	Paymont Type:
TY	PE OF WORK		
☐ New construction	☐ Demolition	REQUIRED	DATA: 1- AND 2-FAMILY DWELLING
Addition/alteration/replacement	Bother W. V	Permit fees* are based on the value of the work performed. indicate the value (rounded to the nearest dollar) of all equip	
***	OF CONSTRUCTION	materials, labor, over this application.	rhead, and the profit for the work indicated o
☐ 1- and 2-family dwelling		Valuation	
☐ Accessory building	Commercial/industrial	Number, of bedroo	oms:
☐ Master builder	Mulli-family	Number of bathroo	oms;
	C) Other:	Total number of flo	Dors:
Job site address: 15 50 65	MATION AND LOCATION	New dwelling area	The state of the s
City/State/ZIP: Branch 5	w teal Blvd	Garage/carport are	odano test
Sulle/bldg./apt. no.; Par wool D	OK, 97007	Covered porch are	044-04 (00)
Cross street/directions to job site:	a Project name: Aincho Jor Park	'	a: square feet
1	$\int_{\Omega} \int \int$	Deck area:	square feet
Teal	13 N.J. (3.7)	Other structure are:	oquato roet
Subdivision: R 5	Lot no.: 15132000 400	REQUIRED DAT	TA: COMMERCIAL-USE CHECKLIST
Tax map/parcel no.:	10 2000 000 100	I I muivate the value tons	d on the value of the work performed, inded to the nearest dollar) of all equipment,
DESCRIPT	TON OF WORK	this application.	ead, and the profit for the work indicated on
10090 Siding (P)	Jacon A al	Valuation 8	0,105
Ixs cedar + + 1	lacement. (hauging	Existing building are	ea: square feet
land and		New building area:	square feet
Martie Plank Ceolary	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Number of stories:	
James D	☐ TENANT	Type of construction	* * * * * * * * * * * * * * * * * * *
Address: 10 2015	(Occupancy groups:	
Sity/State/ZIP: Resulting Language D	Teal Blood	Existing:	
thone: 432 MG3 1116	9 1007	New:	
	Fax: 949.2726798		мопсе .
-mall: S CO H GIK : VIG M (VE		All contractors and order	
usinoss name:	CONTACT PERSON		contractors are required to be licensed with a Contractors Board under ORS 701 and
onlact name: A . I a loa	a confony IL	being performed. If the a	censed in the jurisdiction in which work is
GADT WIACK	100	following reasons apply:	
ty/State/ZIP: 10/09/14/14 F	cooth. 16 1905 Kd		
none: 1116-519-5419	1 OR 97304		
mail: (3 c) - 0 / 6	Fax: 949-272-6795		
- CY GIMOW	building; (0)		
CONTRACTOR		BUILDING PERMIT FEES*	
siness name: Game	95 applicant	Please	e refer to fee schedule
dress;		Fees due upon application	n
y/State/ZIP:		Amount received	
one:	Fax:	Date raceived:	
8 110.1 AAS 213 7		**(*	
horized halure:	11 hard	i nis permit applicatio within 180 days after	n expires if a permit is not obtained It has been accepted as complete
it name:	11/	* Fee methodology se	

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

Beaverton

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222

OFFICE	USE ONLY
Date Received: 5-13-19	Permit Na.: B 2019 - 20UR
Date Issued:	RY
10/21/2019	Payment Type;

	BeavertonOregon.gov	10/34/30/9 Payment Type:
1		Toyling Type;
☐ New construction	PE OF WORK	REQUIRED DATA: 1- AND 2-FAMILY DWELLING
Addition/alteration/replacement	☐ Demolition	Permit fees* are based on the value of the work performed Indicate the value (rounded to the nearest dollar) of all equ
	12 Other Kill	materials, labor, overhead, and the profit for the work indication.
	OF CONSTRUCTION	Valuation
☐ 1- and 2-family dwelling	☐ Commercial/industrial	Number, of bedrooms:
Accessory building	☑ Multi-family	
☐ Master builder	Other:	Number of ballnooms:
JOB SITE INFO	RMATION AND LOCATION ,	Total number of floors:
Job site address: 15294	w teal Blad	New dwelling area: square feet
City/State/ZIP: BEGGET TON.	OR, 97007	Garage/carport area: square feet
Sulfe/bldg./apt. no.: (2A) 15 29 4	Project name: Airie Ver Par V	Covered porch area: square feet
Cross street/directions to job site:	TANDOL FIER	Deck area; square feet
Tank	13/1/2	Other structure area: square feet
Teal	DNO	REQUIRED DATA: COMMERCIAL-USE CHECKLIST
Subdivision: (2.5	Lot no.: 151320000 400	Permit feest are based on the units of the units
Tax map/parcel no.:		Indicate the value (nounded to the nearest dollar) of all equip materials, labor, overhead, and the prolit for the work Indicate the
	TION OF WORK	ana application,
100 90 Siding (p)	placement alexi	Valuation 80,105
INScredent + & G Wit	L 9.25" (Birxposure)	Existing building area: square feet
hard: e plunk crofor	(8, 8),7050,767	New building area: square feet
DEPROPERTY OWNER		Number of stories;
Name: 12 - A TA 1 11	☐ TENANT	Type of construction:
Addiress: C DE S C		Occupancy groups;
City/State/ZIP: Que V and State	7 cal B/Vel	Existing:
Phone: 477 067 116	9 9 7007	New:
- 173 8 54 - 124 R	Fax: 949.2726798	
-mall: SLOH aikinaud	primegrp, Loin	NOTICE
St APPLICANT	CONTACT PERSON	All contractors and subcontractors are required to be licensed the Oregon Construction Contractors Board under ORS 701 at
	ia company LL	being performed. If the applicant is executive liberalism.
ontact name: Gabe Macki	100	following reasons apply:
ddress: 5009 Apt F	-00-h. 16 13 170 R.	
ity/State/ZIP: 19KP 1954/Pa	0, OR 97304	
hone: LIIS-519-01/6 J	Fax: 949-272-6795	
mail: a aby a arrow	hylding (0	
CONTR		BUILDING PERMIT FEES*
isiness name: Gamp	96 9001:00 1	Please refer to fee schedule
dress;	- Pricant	
y/State/ZIP:		Fees due upon application
one:	Fax:	Amount received
B IIc.: 225 5.2 7	,	Date received:
thorized 1 - 1		This permit application expires if a permit is not obtained
nature: June	1 Welf -	within 180 days after it has been accepted as complete
		a and the second se

 Fee methodology set by Trl-County Building Industry Service Board

Form B70-1001



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

OFFICE	USE ONLY
Date Received: 5-13-19	Permit No.: \$2019 - 2017
Date Issued:	BY 3091
10/2/17019	Payment Type:

	BeavertonOregon,gov L
TYPE O	
☐ New construction	☐ Demolition
Addition/alteration/replacement	Dother Cili
CATEGORY OF	17
1- and 2-family dwelling	☐ Commercial/Industrial
Accessory building	₩ Multi-family
Master builder	Ci Other:
JOB SITE INFORMATI	
Job site address: 15296 5w	
City/State/7th. 0	1001 1100
Sulle/bidg/apt no.: (27/1520/	
Cross street/directions to job site:	Project name: Ginglover Park
	Λ., ()
Teal 12	NOX
	Lot no.: 151320000 400
Tax map/parcel no.:	1/1/
DESCRIPTION	
10090 Siding rapla 128 cedeur + 19 with	(Phoent Al
1.188 ceder + & d with	a zell (do hanging
hardie Plank Cedormi	1.77 (818),7050,~e)
Martie Plank Crofarmi	11 1ap 5: 2; ng
	☐ TENANT
Address:	A
City/State/ZiP: Pres Vinc Linux in C. C.	1 3/0
The Control of the Co	7007
5-11 2 3 5 24 - 1216 5 15	ax: 999,2726798
E-mall: Stoff aikinanger p.	cimegop, Low
D. APPLICANT	CONTACT PERSON
Business name: arrow hvilding (onfany LLL
Gabe Macking	0
Address: 5009 Apt F Foo	4h.16 13 18 Rd
City/State/ZIP: 19/18 05wea 0	OR 97304
Phone: 115-519-0110 Fai	× 949-272-6795
E-mail: a aby a amow b	ildiva: (0
CONTRACTOR	
Business name: Game ac	9 phicant
Address:	7/10 = 01011
City/State/ZIP:	
Phone: Fax	:
OB 10.: 225 513 7	
Authorized Ab - 1/ - 7/	1.0
rint name:	The state of the s
Capripl Mackit	Date:
	10 D 5-1-10

L	UNIALIZOFA Pa	yment Type:				
7	REQUIRED DATA: 1	- AND 2-FABILY DWELLING				
	REQUIRED DATA: 1- AND 2-FAMILY DWELLING Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.					
	Valuation.					
4	Number, of bedrooms:					
-	Number of bathrooms:	<u> </u>				
$\frac{1}{2}$	Total number of floors:					
-	New dwelling area:	square feet				
	Garage/carport area:	square feet				
	Covered porch area:	square feet				
	Deck area:	square feel				
	Other structure area:	square feet				
	REQUIRED DATA: COM	IMERCIAL-USE CHECKLIST				
	Permit fees* are based on the indicate the value (rounded to materials, labor, overhead, and this application.	value of the work performed. he nearest dollar) of all equipment, the profit for the work indicated on				
	Valuation 80,	105				
	Existing building area:	square feet				
	New bullding area:	square feet				
ı	Number of stories:					
i	Type of construction:					
	Occupancy groups:					
	Existing;					
	New:					
-		ПСБ				
***************************************	All contractors and subcontractor the Oregon Construction Contract may be required to be ilicensed in being performed. If the applicant following reasons apply:	the literalistics to set the set of the set				
_	BUILDING PE	RMIT FEES*				
	Please refer to	fee schedule				
F	Fees due upon application					
F	Amount received					
	Date received:					

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

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Form B70-1001



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OFFICE	USEONLY
Dato Received: 5-13-19	Permit No.: , R 2019 - 2041
Date (ssued:	96
012112019	Payment Type:

	reliefal information (503) 526-2222	1	MANUAL T	20
	Beaverton Óregon, gov		<u>Ulangori I</u>	Payment Type:
☐ New construction	PE OF WORK		REQUIRED DATA	A: 1. AND 2-FAMILY DWELLING
	Demolition		Permit fees* are based or	n the value of the work performed. ed to the nearest dollar) of all equipme
Addition/alteration/replacement	MOTher: Will		materials, labor, overhead this application.	i, and the profit for the work indicated
	OF CONSTRUCTION		Valuation	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1- and 2-family dwelfing	☐ Commercial/Industrial			
Accessory building	対 Multi-family		Number, of bedrooms:	
☐ Master bullder	☐ Other:	\neg	Number of ballrooms:	
JOB SITE INFOR	MATION AND LOCATION ,		Total number of floors:	
Job site address: 15298 5	w teal Blad	\neg	New dwelling area:	square feet
City/State/ZIP: BEGUERTON	OR, 97007	-	Garage/carport area:	square feet
Sulte/bldg./apt. no. (36) 15298	Project name: Airil & VEV Par	V.	Covered porch area:	square feet
Cross street/directions to job site:	O TOUTOUT THE	<u></u>	Deck area;	square feet
Teal	13/1/		Other structure area:	square feet
Subdivision: (2 C.	0140		REQUIRED DATA: O	OMMERCIAL-USE CHECKLIST
<u> </u>	Lot no.: 151320000 400		Permit fees* are based on t	ha walus of the west
Tax map/parcel no.:			materials, labor, overhead,	to the nearest dollar) of all equipmen and the profit for the work indicated o
	TION OF WORK		uns application,	TAP
10090 Siding rap	lacement. (haugina L 9.75" (8"+170050,-e)		Valuation 80	100
INSCEDENT + 3 9 Wit	L 9.25" (dianoguas))	Existing building area:	square feet
hardie Plank Crolary	1: 11 1ap 5: 11; ng		New building area:	square feet
D PROPERTY OWNER	D TENANT	[Number of stories:	
lame: Dance Telli	LI TENANI		Type of construction:	
Address: IC 7475			Occupancy groups:	
hy/State/ZIP: Com Visit Com Com	1 Cal 13 V C	_ [Existing:	· · · · · · · · · · · · · · · · · · ·
hone: 427 0C7 110 F	J 100 +		New:	
mall: 61 = 1/2 6 13 13 13 13 13 13 13 13 13 13 13 13 13	Fax: 9099.2726798			NOTICE
DE APPLICANT				ctors are required to be licensed with
usiness name:	CONTACT PERSON			ctors are required to be licensed with tractors Board under ORS 701 and d in the jurisdiction in which work is
ontact name: A Loo loo	g company ILL	1 1	being performed. If the applications in the second	ant is exempt from licensing, the
GAST Wackil		_ -	totosama teasons abbis:	
hulStatatZIB: 1 4 1'	00th, 115 JERRAT Rd	_		
- 111C (1)	1 OR 97304	_		
γ _α (t)	Fax: 949-272-679	S] [
- DITTE AMOU	building, CO			
CONTRA		7 L	BUILDING	PERMIT FEES*
······································	95 applicant	71.	Please refe	r (o fee schedule
dress:	· / /	F	ses due upon application	
//State/ZIP:			mount received	
one:	Fax:	┥ ├	ale received:	
3 Ha.: 225 5,3 7		7 5		
orized /// - //			This permit application exp within 180 days after it ha	pires if a permit is not obtained

 Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

Beaverton

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222

	OFFICE	ISE ONLY
Date Received: 5-1	3-19	Permit No.; 22019-2015
Date Issued:	1	Ayr - 2045
IU3(D	039	Payment Type:

	Beaverton Oregon, gov L
TYPE C	DF WORK
☐ New construction	☐ Demolition
Addition/alteration/replacement	Cother: Kili
	CONSTRUCTION
1- and 2-family diveiling	·
☐ Accessory building	Commercial/industrial
☐ Master builder	X Multi-family
IOR FITE DECOMA	Other:
JOB SITE INFORMAT	
1000750	2 21 7
of a verton (1)	97007
Cross street/directions to job site:	Project name: AINCHOUPE Park
	0
L Teal &	5\V _C \/ [
Subdivision: (2.5	Lot no.: 16 17 2 0000 1602
Tax map/parcel no.:	Lot no.: 15 13,2000 400
DESCRIPTION	of work
10090 Siding real	CVI. L Oi
INScedent + 3 9 With	compat. Changing
I because they with	9.75" (Biryposure)
VINVA. C TOLARM	11 1ap 5: 1, na
CP PROPERTY OWNER	☐ TENANT
Name: Private Teal, LL	
Address: 15242 SW 70	al 13/10
City/State/ZIP: Braverton108	17007
	ex: 949.2726798
E-mall: SLOTT aikinanew p	limearp, Low
St APPLICANT	CONTACT PERSON
Business name: arrow by dina	Company LL
Contact name: Gabe Mackillo	
Address: 5009 Apt F Fras	th, 16 18 18 18
City/State/ZIP: 19KP (75WPG 0	LOR 97304
Phone: 115-519-0116 J Fe	× 949-272-6795
E-mail: a abe a arrow b	idding (0)
CONTRACTO	
Business name: Game ac	2 9 pplicat
Address:	Phi can
Gity/State/ZIP:	
Phone: Fai	«
CCB No.: 225537	
Authorized 11 - 11	
signature: Juny 12	W Barton
Print name:	Date:
Gabriel Mackil	10P S-1-10

	· · · · · · · · · · · · · · · · · · ·
REQUIRED DATA: 1- AI	ND 2-FAMILY DWELLING
Permit fees* are based on the valindicate the value (rounded to the materials, labor, overhead, and it this application.	lue of the work performed.
Valuation	
Number, of bedrooms:	***************************************
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMME	RCIAL-USE CHECKLIST
Permit fees' are based on the value indicate the value (rounded to the rimaterials, labor, overhead, and the this application.	e of the work performed.
Valuation 80, 10	5
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing;	·
New:	
Notice	
All contractors and subcontractors and the Oregon Construction Contractors may be required to be licensed in the being performed. If the applicant is exfollowing reasons apply:	board Under DRS 701 and
BUILDING PERMI	
Please refer to fee	schedule
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

 Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

Beaverton

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076

Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon gov

OFFICE	USE ONLY
	Permit No.: 32019-0014
Date Issued:	BY CALL
10/2/12/19	Payment Type:

	BeavertonOregon.gov	10/21/2019	Payment T	уре:
TY	PE OF WORK	REQUIRE	D DATA: 4. AND	2-FAMILY DWELLING
□ New construction	☐ Demoiltion	Permit fees* are h	ased on the value	of the work - orfo
Addition/alteration/replacement	Cother: Killi	I IIIUICZKE IAE VAIHA	trainment to the ne	or the work performed. Brest dollar) of all equipmen Brofit for the work indicated o
CATEGORY	OF CONSTRUCTION	on appreation.		TO DESIGN MIGRATION OF
☐ 1- and 2-family dwelling	☐ Commercial/industrial	Valuation		
☐ Accessory building	M Multi-family	Number, of bed	rooms:	
☐ Master builder	Others	Number of bath	rooms;	
JOB SITE INFOR	MATION AND LOCATION .	Total number of	floors:	
Job alte address: 15290 5	w teal Blvd	New dwelling are	ea:	square feet
City/State/ZIP: BEQUENTON	OR, 97007	Garage/carport a	9/9a:	square feet
Sulte/bldg./apt. no.:(24) 15 2 9 (2)		Covered porch a	ırea;	square feet
Cross street/directions to job site:	Project name: Ginglover Park	Deck area:		square feet
	1011	Other structure a	······································	
Teal	15NC			square feet
Subdivision: R 5	Lot no.: 151320000 400	Permit fees' are bus	sed on the university	AL-USE CHECKLIST the work performed.
Tax map/parcel no.:		I I NEGGERE USE VANDO IN	MIDARA IN The man	rest dollar) of all equipment, fift for the work indicated on
	TON OF WORK	and abblication,	mode, and the plu	our for the work indicated on
10090 Siding rps	lacement Chari	Valuation	80,105)
INScedent + 3 d wit	L 9.75" (B"ryposure)	Existing building s	area;	square feet
hard e Plank Crefora	1.43 (814)(030,48)	New building area) ;	square feet
DANK Plunk Crotary		Number of stories	:	
Name: Day of Told Is	☐ TENANT	Type of construction	on:	······································
Address: C 2615		Occupancy groups	ś;	
City/State/ZIP: 2 V 7 7 7 7 7	Teal Blue	Existing:		
Phone: 432 057 1116	19 1007	New:	*	
012 8 20 - 696 3	Fex: 944.2726798	-	NOTICE	
E-Mall: Stotf aiking Mai		All contractors and ev		
Business name:	CONTACT PERSON			equired to be licensed with pard under ORS 701 and
Contact name: dala landa	g company ILC	being performed, if the following reasons appli	e anniicant le avan	isdiction in which work is pt from licensing, the
Address A	100	TOTOWING TERROTTS APPI	ıy:	
City/State/CID: 1 / / / / /	octh, 16 13 Front Kd			
Phone: 1116 - 510 - 01/4	0, OR 97304			1
= mall:	Fax: 949-272-6795	- Control of the cont		
- CO GIMPA	building, (0)			
CONTRA	CTOR J	BU	ILDING PERMIT	FEES*
Business name: Gamp	45 applicant	Plea	ase refer to fee scl	nedule
ddress:	* /	Fees due upon applica	tion	
Sity/State/ZIP:		Amount received		
hone:	Fax:	Date received:		<u> </u>
CB IIc.: 045 213 7			· · · · · · · · · · · · · · · · · · ·	
uthorized gnaturo: Limity	? rush	This permit applicat within 180 days af	tion expires if a p ter it has been ac	ermit is not obtained cepted as complete
int name:	1 Vous	* Fee methodology	set by Tri Count	v Dullalla –

Fee methodology set by Trl-County Building Industry Service Board

Form B70-1001

Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550

OFFICE	USE ONLY
Date Received: 5-13-19	Permit No.: 72019-00113
Date Issued: O O O	64
10/01/00/-1	Payment Type:

4 0 4 5 6 6 4	General Information (503) 526-2222	1012112119-	(BW)		
	BeavertonOregon.gov L	7	Payment Type:		
	TYPE OF WORK	REQUIRED DAT	(A: 1- AND 2-FAMILY DWELLING		
☐ New construction ☐ Demoiltion		Permit fees* are hased	on the union of the		
図 Addition/alteration/replacement 図 other: 公計		materials, labor, overhea	Indicate the value (rounded to the nearest dollar) of all equipment materials, labor, overhead, and the profit for the work indicated of this application.		
	RY OF CONSTRUCTION	Valuation	<u> </u>		
☐ 1- and 2-family dwelling	☐ Commercial/industrial	Number, of bedrooms			
Accessory building	🛱 Multi-family				
☐ Master builder	☐ Olher:	Number of bathrooms			
	ORMATION AND LOCATION	Total number of floors	,		
Job site address: 15288	Sw teal Blvd	New dwelling area:	square feet		
City/State/ZIP: BEAUTIFITON	OR, 97007	Garage/carport area:	square feet		
Sulte/bldg./apt. no,: (33) 152 80	b Project name: AND VOV Par V	, Coveted porch area:	square feet		
Cross street/directions to job site:	A CONTRACTOR OF THE CONTRACTOR	Deck area:	square feet		
Tea	1 13/1/	Other structure area;	square feet		
Subdivision: [7 5		REQUIRED DATA:	COMMERCIAL-USE CHECKLIST		
Tax map/parcel no.:	Lot no.: 151320000 400		the value of the work performed. d to the nearest dollar) of all equipment,		
DESCI	RPTION OF WORK	materials, labor, overhead this application.	and the profit for the work indicated on		
	**************************************	Valuation 80	105		
Inscredent + 19 Wi	placement Changing +L 9.75" (Birmposure)	Existing building area:	square feet		
landing to the	The 1.45" (8"exposure)	New building area:	square feet		
MUNTEPPERTY OWNER	mill lap siding	Number of stories:			
	☐ TENANT	Type of construction:			
Name: Privile Teal L	-	Оссиралсу допира:			
City/State/ZIP: 2 x x x x x x x x x x x x x x x x x x	7 cal B/ol	Existing:			
Phone: 637 (67 ///	B 9 7007	New:			
- 123 8 24 - 1046	5 Fax: 999.2726798		NOTICE		
SCOTT GIKING H		All contractors and and	*·····································		
Business name: (1.4.5.4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	CONTACT PERSON		actors are required to be licensed with intractors Board under ORS 701 and		
Contact name: d = 1 0 100	ng Conpany LLC	being performed. If the appli	ied in the Jurisdiction in which work is cant is exempt from licensing, the		
ddann GADT Wack	1100	following reasons apply:			
ity/State/ZIP: 16118 to 5	Footh, 16 19 FOT Rd		· .		
hone: 1116-510-5-44	9 , 02 9 7 304				
mail: (4 class (6)	Fax: 949-272-6715				
Co amoo	s building, CO				
CONTRACTOR Justiness name:		BUILDING PERMIT FEES*			
Idress: 4 ame:	45 applicant	Please rej	fer to fee schedule		
ty/State/ZIP:	, ,	Fees due upon application			
one:		Amount received			
2 22 2	Fax:	Date received:			
18 Ilc.: A S 313 7		This payage is			
harized nature:	71 Wiffend	rms permit application ex within 180 days after it h	opires if a permit is not obtained as baen accepted as complete		
nt name:	1 /2	* Fee methodology set by			

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2550

OFF(CEUSEONLY
Date Received: 5-13-1	Permit No.: K2019 _ 2025
Dale Issued:	641 Jan 1 - 200
1011201	Payment Type:

40 4 E G G H	General Information (503) 526-2222 BeavertonOregon.gov	TAIDH DO GI	mant Type;	
n	/PE OF WORK			
□ New construction		REQUIRED DATA: 1.	AND 2-FAMILY DWELLING	
又 Addition/alteration/replacement	Demolition	Permit fees* are based on the Indicate the value (rounded to	the persons delines at all	
		materials, labor, overhead, and this application.	I I "" " " " " " " " " " " " " " " " "	
☐ 1- and 2-family dwelling	Y OF CONSTRUCTION	Valuation		
Accessory building	☐ Commercial/industrial	Number, of bedrooms:		
☐ Master builder	Multi-family	Number of ballsrooms:		
	Other:	Total number of floors:		
Job site address:	RMATION AND LOCATION	New dwelling area:		
(1)240	ow teal Blad		square feet	
Sulte/bldg./apt. no.: () () () ()	OK, 97007	Garage/carport area:	square feet	
- 10011VAV 0	Project name: Dinylover Park	Covered porch area:	square feet	
Cross street/directions to job site:	,	Deck area:	square feet	
Tral	13/VcX	Other structure area:	square feet	
Subdivision: R. 5	Lot no.: 16 1 7 2 0000 1402	REQUIRED DATA: COM	MERCIAL-USE CHECKLIST	
Tax map/parcel no.:	Lot no.: 15132000 400	Permit fees* are based on the ve Indicate the value (rounded to the	B Destruct delical at all at	
DESCRIP	PHON OF WORK	materials, labor, overhead, and this application.	he profit for the work indicated or	
1 /22		Valuation S() 1(16	
100 90 Siding replacement Changing 188 cedent + 19 with 9.75" (greyposure)		Existing building area:	square feet	
12 g claser + 19 W. 4	1.75" (Birningosure)	New building area:	square feet	
Mark. & Plunk Cholary	mill lap 5: Ding	Number of stories:	arthaie test	
CP PROPERTY OWNER	☐ TENANT	Type of construction:		
Name: Prime Teal, LL	.(
Address: 15245 Sw	Teal Blue	Occupancy groups:		
City/State/ZIP: Bravertoniok	9 9 7007	Existing:		
Phone: 533 852-646 5	Fax: 949.2726798	New;		
mall: Statt aikiniange	primegro, com	NOT		
ST APPLICANT	CONTACT PERSON	All contractors and subcontractors the Oregon Construction Contractor		
usinoss name: arrow by div	ra commany LL	being performed if the applicant to		
onlad name: Cabe Macki	HOP	following reasons apply:	exempt from Icensing, the	
ddress: 5009 Apt F	Enothills parent RI			
ity/State/ZIP: JAKE OSULCO	0, OR 97304			
none: 415-519-0110	Fax: 949-272-6795			
mail: a abe a arrow	bylding (0	}		
CONTRACTOR		BUILDING PER	MIT FEEC.	
isiness name: Gamp as a pulicant		Please refer to f		
dress:	- Fine Cary	Fees due upon application	se scriedale	
y/State/ZiP:				
one:	Fax:	Amount received		
8 lc.: 225 513 7		Date received:		
horized A fund	Musty	This permit application expires within 180 days after it has be	if a permit is not obtained en accepted as complete	
ot name;		* Fee methodology and by Till o	·	

Date:

Fee methodology set by Trl-County Building Industry Service Board

Form B70-1001



Authorized

signature:

Print name:

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550

OFFICE USE ONLY				
Date Received:	Permit No.162019-4395			
Date Issued: 023 209	EV.			
,	Payment Type:			

	General Information (503) 526-2222 BeavertonOregon.geg
	TYPE OF WORK
☐ New construction	Demolition
☐ Addition/alteration/replacement	☐ Other:
	TEGORY OF CONSTRUCTION
1- and 2-family dwelling	☑ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:
JOB SIT	E INFORMATION AND LOCATION
Job site address: 15005 SW Tua	alatin Valley Highway
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.:	Project name: Dunk Warehouse Spklr
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	LUCTIO
2 existing Fire Alarm modul demo'd sprinkler risers(wate	les are to be relocated from 2 existing-to-be- erflows and tampers) to 2 new sprinkler risers.
PROPERTY OWNER	₹ ☐ TENANT
Name: Nike	
Address: One Bowerman Driv	
	е
City/State/ZIP: Beaverton, OR 9	
City/State/ZIP: Beaverton, OR 9	
	97005
Phone:	97005
Phone: E-mail:	Fax: CONTACT PERSON
Phone: E-mail: APPLICANT	Fax: CONTACT PERSON
Phone: E-mail: APPLICANT Business name: Siemens Indust	Fax: CONTACT PERSON
Phone: E-mail: APPLICANT Business name: Siemens Indust Contact name: Robin Davis	Fax: CONTACT PERSON
Phone: E-mail: APPLICANT Business name: Siemens Indust Contact name: Robin Davis Address: 15201 NW Greenbrid	Fax: CONTACT PERSON
Phone: E-mail: APPLICANT Business name: Siemens Indust Contact name: Robin Davis Address: 15201 NW Greenbric City/State/ZIP: Beaverton, OR.	Fax: CONTACT PERSON
Phone: E-mail: APPLICANT Business name: Siemens Indust Contact name: Robin Davis Address: 15201 NW Greenbric City/State/ZIP: Beaverton, OR. 19 Phone: (503) 360-6138	Fax: CONTACT PERSON
Phone: E-mail: APPLICANT Business name: Siemens Indust Contact name: Robin Davis Address: 15201 NW Greenbric City/State/ZIP: Beaverton, OR. 19 Phone: (503) 360-6138	P7005 Fax: CONTACT PERSON
Phone: E-mail: Business name: Siemens Indust Contact name: Robin Davis Address: 15201 NW Greenbric City/State/ZIP: Beaverton, OR. Phone: (503) 360-6138 E-mail: robin.davis@siemens	Fax: CONTACT PERSON
Phone: E-mail: Papplicant Business name: Siemens Indust Contact name: Robin Davis Address: 15201 NW Greenbric City/State/ZIP: Beaverton, OR. Phone: (503) 360-6138 E-mail: robin.davis@siemens Business name: Siemens Indust	P7005 Fax: CONTACT PERSON
Phone: E-mail: Business name: Siemens Indust Contact name: Robin Davis Address: 15201 NW Greenbric City/State/ZIP: Beaverton, OR. Phone: (503) 360-6138 E-mail: robin.davis@siemens Business name: Siemens Indust Address: 15201 NW Greenbric	P7005 Fax: CONTACT PERSON

Date:

LING rmed. Il equipment, indicated on et e
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This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Tom Rogers

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222

	O	HICE (JSE ONLY		
Date Received: 10	23	O	Permit No. 520 \	7-42510	,
Date Issued: 10	775	9	By: ARW		
			Payment Tyne		

	Beav	ertonOregon.gov L		гаушен	s ype. 1
TYPE O	F WORK			REQUIRED DATA: 1- AND	2-FAMILY DWELLING
☐ New construction	☐ Demolition			Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment,	
☑ Addition/alteration/replacement	☐ Other:		ma	sterials, labor, overhead, and the sapplication.	
CATEGORY OF	CONSTRUCTIO	N		luation	40,000
☑ 1- and 2-family dwelling	☐ Commercia	l/industrial		Number, of bedrooms;	
☐ Accessory building	☐ Multi-family	,		Number of bathrooms;	
☐ Master builder	Other:			Total number of floors:	
JOB SITE INFORMAT	TON AND LOC	ATION		New dwelling area:	square feet
Job site address: 12160 SW Davies Rd					
City/State/ZIP: Beaverton OR				Garage/carport area:	square feet
Suite/bldg./apt. no.:	Project name:	Anderson		Covered porch area:	square feet
Cross street/directions to job site: Greenway	*			Deck area:	square feet
Siddinay				Other structure area:	square feet
Subdivision:	1010014400	· · · · · · · · · · · · · · · · · · ·		REQUIRED DATA: COMMER	
	Lot no.: 410()	Ind	rmit fees* are based on the value icate the value (rounded to the n	earest dollar) of all equipment,
Tex map/parcel no.: 1S127BB04100	A OF MODIC	шт — «Ч ^{и м} узска пучасня со такушу жаст. Чаруна с сина доступа		iterials, labor, overhead, and the application.	profit for the work indicated on
DESCRIPTION	•		Va	luation	
Enlarge master bath and move hall be	ath			Existing building area:	square feet
				New building area:	square feet
				Number of stories:	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
☑ PROPERTY OWNER		☐ TENANT		Type of construction:	
Name: Curtis and Judy Anderson				Occupancy groups:	· · ·
Address: 12160 SW Davies RD				Existing:	
City/State/ZIP: Beaverton, OR				New:	
Phone: (503) 646-9718	Fax:			NOTIC	 !E
E-mail: vrtcrt@comcast.net			An An	contractors and subcontractors a	re required to be licensed with
☑ APPLICANT ☐ CONTACT PERSON		CONTACT PERSON	the	Oregon Construction Contractor y be required to be licensed in the	s Board under ORS 701 and
Business name: Tom Rogers Construction, LLC			bei	ng performed. If the applicant is a owing reasons apply:	
Contact name: Tom Rogers			100	with teasons apply.	
Address: P.O. Box 231296					
City/State/ZIP: Tigard, OR 97281					
Рhoле: (503) 704-0000	Fax:				
E-mail: Tomrogersconstruction@gmail.c	om				
CONTRAC	TOR			BUILDING PER	MIT FEES"
Business name: Same as Applicant	•	· -		Please refer to fe	e schedule
Address:			Fee	es due upon application	492.64
City/State/ZIP:			Am	ount received	
Phone:	Fax;	The state of the s	Dat	e received:	
CCB llc.: 95900				This permit application expires	If a narmit is not obtained
Authorized signature:				within 180 days after it has be	en accepted as complete
Print name:	· · · · · · · · · · · · · · · · · · ·	Date:		Fee methodology set by Tri-C	County Building

10/10/19

industry Service Board

Form B70-1001



Brion Wickstrom

Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 V/TDD

OFFICE USE ONLY			
Date Received: 102319	Permit No.B20H7-4399		
Date Issued: (0)23 (C)	By: CCC		
	Payment Type:		

	Rea/	verton∪regon.gov ∟	<u> </u>	West Constitution of the C
ТҮРЕ	OF WORK		REQUIRED DATA: 1- AND 2	FAMILY DWELLING
New construction		Permit fees* are based on the value of the work performed.		
★ Addition/alteration/replacement	☐ Other:		indicate the value (rounded to the nearest dollar) of all equipm materials, labor, overhead, and the profit for the work indicated this application.	
CATEGORY C	F CONSTRUCTIO	N .	Valuation 20,000	
🔼 1- and 2-family dwelling	☐ Commercia	al/industrial	Number, of bedrooms:	· · · · · · · · · · · · · · · · · · ·
☐ Accessory building	☐ Multi-family	y	Number of bathrooms:	
☐ Master builder	☐ Other:		Total number of floors;	
JOB SITE INFORM	ATION AND LOC	ATION	New dwelling area:	square feet
Job site address: 8320 SW Maverick Te	errace			
City/State/ZIP: Beaverton, OR 97008			Garage/carport area:	square feet
Suite/bldg./apt. no.:	Project name:		Covered porch area:	square feet
Cross street/directions to job site:	····		Deck area:	square feet
			Other structure area:	square feet
	Τ,		REQUIRED DATA: COMMERC	
Subdivision:	Lot no.:		Permit fees* are based on the value of Indicate the value (rounded to the nea	
Tax map/parcel no.:			materials, labor, overhead, and the pr this application.	ofit for the work indicated on
DESCRIPT	ION OF WORK		Valuation	
Roof mounted solar array			Existing building area:	square feet
			New building area:	square feet
			Number of stories:	
▼ PROPERTY OWNER		☐ TENANT	Type of construction:	
Name: Ned Randell			Occupancy groups:	
Address: 8320 SW Maverick Terrace			Existing:	· · · · · · · · · · · · · · · · · · ·
City/State/ZIP: Beaverton, OR 97008			New:	
Phone: 971-266-9467	Fax:		NOTICE	
E-mail: nedrandell@gmail.com				
APPLICANT	Σ, Ε	CONTACT PERSON	All contractors and subcontractors are the Oregon Construction Contractors	Board under ORS 701 and
Business name: Synchro Solar			may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the	
Contact name: Brion Wickstrom			following reasons apply:	
Address: 2870 NE Hogan Dr. suite	E-240			
City/State/ZIP: Gresham, OR 97030				
Phone: 503-208-4786	Fax:			
E-mail: Brion@synchrosolar.com				
CONTR	ACTOR		BUILDING PERMI	T FEES*
Business name: Synchro Solar			Please refer to fee	schedule
Address: 2870 NE Hogan Dr. suite E	-240		Fees due upon application	
City/State/ZIP: Gresham, OR 97030			Amount received	
Phone: 503-208-4786	Fax:		Date received:	ranto
CCB lic.: 188766			This parelt annihents	a named to set at 4 to 2
Authorized signature:			This permit application expires if within 180 days after it has been	a permit is not obtained accepted as complete
Print name:		Date:	* Fee methodology set by Tri-Co	unty Building
i mir name.		Date.	Industry Service Board	

10-22-19

Form B70-1001



Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 BeavertonOregon.gov

OFFICE USE ONLY			
Date Received: (0) 33 10	Permit No.: 820H - 440		
Date Issued: 102319	By: CELL		
	Payment Type:		

☐ New construction	☐ Demolition
Addition/alteration/replacement	☐ Other:
<i>T</i>	Y OF CONSTRUCTION
☐ 1- and 2-family dwelling	☑ Commercial/industrial
Accessory building	☐ Multi-family
☐ Master builder	☐ Other:
	DRMATION AND LOCATION
10 1-265	10-011-0-1
City/State/ZIP: Sewarton, O' Suite/bldg./apt. no.: Bldn. 1	Project name: Danage Laftill
Cross street/directions to job site:	Project name: Donney Infill
Cross streammeetions to job site.	·
Subdivision:	Lot no.:
Tax map/parcel no.:	
	RIPTION OF WORK
Remove existing TPO m	embrane Cinstalled 2017 B2017-3613
down to existing I" 150.	Mechanically fuston 2.2" and , 5:
down to existing 1" 150.	Mechanically fuston 2.2" and 5 insulation Membersally fuston , 060 7PG
down to existing 1" 150. His Board Por R-20 Class A roof (see PS:2	Mechanically fuston 2.2" and .5° insulation. Membarically fuston ,060 PPO
down to existing 1"150. 1to Board for R-20 Class A roof (see por 2) PROPERTY OWNER	Mechanically fuston 2.2" and 5 insulation. Medicovally fuston, 060 780
PROPERTY OWNER	☐ TENANT
PROPERTY OWNER	☐ TENANT
Name: Harson Investment Address: 1121 SW Salvage	☐ TENANT
PROPERTY OWNER Name: Haysin Invishment Address: 1121 SW Salmon City/State/ZIP: Pontlan, OR A	Properties St. #400
Phone: 503 - 173 - 5227	Properties 5+, #400
PROPERTY OWNER Name: Haysin Invishment Address: 1121 SW Salmon City/State/ZIP: Pontlan, OR A	Properties St. #400 7205
Phone: 503 - 173 - 5227 E-mail: Kelly of harson . (dw)	Properties St、 計りの 7205 Fax: CONTACT PERSON
Phone: 503 - 173 - 522 7 E-mail: Kelly Jahnyson . (dw) Business name: ABL Rafin C	Properties St、 計りの 7205 Fax: CONTACT PERSON
PROPERTY OWNER Name: Harsen Investment Address: 1121 5W Salmon City/State/ZIP: Portland, OR A Phone: 503 - 973 - 0227 E-mail: Kelly of harsen. Com APPLICANT Business name: ABL Farfing C Contact name: Brian Kenner	Fax: Contact person
PROPERTY OWNER Name: Harsin Invistment Address: 1121 SW Salmon City/State/ZIP: Portland, OR OF Phone: 503 - 173 - 5227 E-mail: Kelly Jal harson. Com APPLICANT Business name: ABL Rafin C Contact name: Brian Kenry Address: 18123 SE Britan	TENANT Properties St. #400 7205 Fax: Contact person
Phone: 503 - 173 - 522 7 E-mail: Kelly Jal harson . (om APPLICANT Business name: ABL ROATING COntact name: Brian Kenty Address: 18123 SE Britan	Fax: Contact person
Phone: Brian Icaria Business name: ABL Fartin C Contact name: Brian Icaria Address: 16123 SE Britan City/State/ZIP: Clackamas or Phone: 503-784-0616	TENANT Properties St. #400 7205 Fax: CONTACT PERSON Company (+ arois Fax:
Phone: 503 - 735 - 0616 Business name: ABL ROATING COntact name: Brian Kenny Charles Dritan Colly/State/ZIP: Clackamas or Remail: Drian abcroofing co.	TENANT Properties St. #400 7205 Fax: Contact person Company 44 47016
Phone: Brian Karran City/State/ZIP: Clackamas or City/State/ZIP: Clackamas or City/State/ZIP: Portland or APPLICANT Business name: ABL Forting C Contact name: Brian Karran City/State/ZIP: Clackamas or Phone: 503-781-0616 E-mail: Driand abcroofing to	TENANT Properties St. #400 7205 Fax: CONTACT PERSON Company (4. 97016 Fax: LOWY DITRACTOR
Phone: Brian Kannas City/State/ZIP: Clackamas, OR City/State/ZIP: Clackamas, OR City/State/ZIP: Portland harson. (OM) APPLICANT Business name: ABL Farting C Contact name: Brian Kannas City/State/ZIP: Clackamas, OR Phone: 503-766-0616 E-mail: Driand abcroofing co.	TENANT Properties St. #400 7205 Fax: CONTACT PERSON Company (+ 97016 Fax:
PROPERTY OWNER Name: Harsin Invishment Address: 1121 SW Salmon City/State/ZIP: Portlan, OR A Phone: 503 - 173 - 5227 E-mail: Kelly a harson . (OM) APPLICANT Business name: ABL Forting C Contact name: Brian Kenry Address: 16123 SE Brittanh City/State/ZIP: Clackamas, OR Phone: 503 - 784 - 0616 E-mail: Drian Dabcroofing to Cotact name: ADC Roofing C Address: 10123 SE Brittanh	TENANT Properties St. #400 7205 Fax: Company Company At a fax: Lown Ditractor Company Compa
Phone: Brian Kenner City/State/ZIP: Clackumas, ex Business name: AFC Roofing C City/State/ZIP: Clackumas, ex City/State/ZIP: Clackumas, ex City/State/ZIP: Clackumas, ex	TENANT Properties St. #400 7205 Fax: CONTACT PERSON Company (4. 97016 Fax: LOWY DITRACTOR
Phone: 503 - 173 - 522 7 E-mail: Kelly & harson . Com Address: 1812 8 & Learny C APPLICANT Business name: ABL Rearing C Contact name: Brian Kenrum Address: 1812 8 & Dr. Hann City/State/ZIP: Clackamas & R E-mail: Drian & abcroofing to . CC Business name: AFC Roofing C Coty/State/ZIP: Clackamas & R Address: 1812 8 & Br. Hann City/State/ZIP: Clackamas & R City/State/ZIP: Clackamas & R	TENANT Properties St. #400 7205 Fax: CONTACT PERSON Company (+ 97016 Fax: LOWN DITRACTOR CH. 97015

P	ayment Type:
REQUIRED DATA:	1- AND 2-FAMILY DWELLING
Permit fees* are based on I	the value of the work performed. I to the nearest dollar) of all equipment, and the profit for the work indicated on
Valuation	
Number. of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
AND DESCRIPTION OF A SECTION OF	COMMERCIAL-USE CHECKLIST
Indicate the value (rounded	the value of the work performed, i to the nearest dollar) of all equipment, and the profit for the work indicated on
Valuation 679 51	0.00
Existing building area:	4,660 square feet
	square feet
Number of stories: 2	-
Type of construction: <	cool
Occupancy groups:	
Existing:	
New:	
	NOTICE
the Oregon Construction C may be required to be lice:	stractors are required to be licensed with Contractors Board under ORS 701 and Insed in the jurisdiction in which work is plicant is exempt from licensing, the
A ST A TO SECTION AND A STATE OF THE STATE O	ING PERMIT FEES* Trefer to fee schedule
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 BeavertonOregon.gov Date Received: 1.4.2019 Permit No.: 82018-4453

Date Issued: 10.23 19 By: Clean

COB Revision/Tracking Number

REV 19-004



BeavertonOregon.gov
E OF WORK
☐ Demolition
☐ Other:
OF CONSTRUCTION
☐ Commercial/industrial
☐ Multi-family
☐ Other:
RMATION AND LOCATION
1
Project name: Russell
Lot no.:109
TION OF WORK
uite 200
Fax:
☐ CONTACT PERSON
Fax:
Fax:
Fax:
TRACTOR
TRACTOR

Amanda Loveridge

Pa	yment Type:
I	la al manager 1 121 m
l	AND 2-FAMILY DWELLING value of the work performed.
Indicate the value (rounded t	o the nearest dollar) of all equipment, nd the profit for the work indicated on
Valuation 313,560	
Number, of bedrooms: 2	
Number of bathrooms: 2	5
Total number of floors:	2
New dwelling area: 22	30 square feet
Garage/carport area: 38	square feet
Covered porch area: 10	5 square feet
Deck area:	square feet
Other structure area:	square feet
	MMERCIAL-USE CHECKLIST
Indicate the value (rounded to	e value of the work performed. of the nearest dollar) of all equipment, nd the profit for the work indicated on
Valuation	
Existing building area:	square feet
New building area:	square feet
New building area: Number of stories:	square feet
	square feet
Number of stories:	square feet
Number of stories: Type of construction:	square feet
Number of stories: Type of construction: Occupancy groups:	square feet
Number of stories: Type of construction: Occupancy groups: Existing: New:	square feet
Number of stories: Type of construction: Occupancy groups: Existing: New: All contractors and subcontrathe Oregon Construction Conmay be required to be license	
Number of stories: Type of construction: Occupancy groups: Existing: New: All contractors and subcontrathe Oregon Construction Conmay be required to be license being performed. If the applic following reasons apply:	NOTICE clors are required to be licensed with tractors Board under ORS 701 and d in the jurisdiction in which work is
Number of stories: Type of construction: Occupancy groups: Existing: New: All contractors and subcontra the Oregon Construction Conmay be required to be license being performed. If the applic following reasons apply:	NOTICE ctors are required to be licensed with tractors Board under ORS 701 and d in the jurisdiction in which work is ant is exempt from licensing, the
Number of stories: Type of construction: Occupancy groups: Existing: New: All contractors and subcontra the Oregon Construction Conmay be required to be license being performed. If the applic following reasons apply:	NOTICE ctors are required to be licensed with tractors Board under ORS 701 and d in the jurisdiction in which work is ant is exempt from licensing, the
Number of stories: Type of construction: Occupancy groups: Existing: New: All contractors and subcontrathe Oregon Construction Conmay be required to be license being performed. If the applic following reasons apply: BUILDING	NOTICE ctors are required to be licensed with tractors Board under ORS 701 and d in the jurisdiction in which work is ant is exempt from licensing, the

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

RECEIVED

Building Permit Application

JAN 04 2019

Community Development Department

Building Division

CITY OF BEAVERTON 2725 SW Millikan Way / PO Box 4755

Beaverton, OR 97076

Beaverion, OK 37070
N September (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
Beaverton Organ gov

COB Revision/Tracking Number REV 19-00(e

		0	FFICE	USE ONLY	
Date Received	: /:	1.29	19	Permit No.: B20 18 - 3	801
Date Issued:	oh	3	9	By: acu	
	•	•	1	Payment Type:	

	Beaverton Oregon.gov L
T'	YPE OF WORK
New construction	☐ Demolition
☐ Addition/alteration/replacement	Other:
CATEGOR	RY OF CONSTRUCTION
☑ 1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	Other;
JOB SITE INFO	ORMATION AND LOCATION
Job site address: 15731 SW Wren I	Ln
City/State/ZIP: Beaverton, OR	
Sulte/bldg./apt. no.:	Project name: Russell
Cross street/directions to job site:	
Subdivision: Westmont	Lot no.:110
Tax map/parcel no.:	
DESCI	RIPTION OF WORK
Resubmission Due to	Plan Change
MARKOFERIT COMER	☐ TENANT
Name: DR Horton, Inc	
Address: 4380 SW Macadam Ave S	Suite 200
City/State/ZiP: Portland, OR 97239	
Phone: (503) 222-4151	Fax:
E-mall: plancheck@drhorton.com	
☐ APPLICANT	☐ CONTACT PERSON
Business name: DR Horton, Inc	
Contact name: Amanda Loveridge	
Address: SAME AS ABOVE	
City/State/ZIP:	
Phone;	Fax:
E-mail: plancheck@drhorton.com	
	NTRACTOR
Business name: DR Horton, Inc	140324000
Address: SAME AS ABOVE	
City/State/ZIP:	
Phone:	Fax:
CCB (ic.: 130859	
Authorized signature:	
Print name:	141/CP Date: (0/77//8)

Amanda Loveridge

REQUIRED DATA: 1- AND 2-FAN	MILY DWELLING
Permit fees* are based on the value of the Indicate the value (rounded to the nearest materials, labor, overhead, and the profit for this application.	dollar) of all equipment,
Valuation 306240	
Number, of bedrooms: 4	***************************************
Number of bathrooms: 2.5	
Total number of floors: 2	
New dwelling area: 2132	square feet
Garage/carport area: 420	square feet
Covered porch area: 99	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-	USE CHECKLIST
Permit fees* are based on the value of the Indicate the value (rounded to the nearest materials, labor, overhead, and the profit for this application.	dollar) of all equipment,
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to Pregon Construction Contractors Board may be required to be licensed in the jurisd being performed. If the applicant is exempt following reasons apply:	d under ORS 701 and liction in which work is
BUILDING PERMIT FE	ES*
Please refer to fee sche	dule
Fees due upon application	
Amount received	
Date received:	
············	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

ELECTRONIC SUBMITTAILS Permit Application SEE I:/BLDG DIV WG-Brugnity Development Department

Authorized signature:

Print name:

Aaron Lothrop

Building Division

12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

F**	Pow d	-	T.	· r	-
	-	- PACE			

OFFICE USE ONLY

Permit No.: B2019-3373 Date Received: //By: ___

W Beaverton		26-2493 Fax: (503) 526-2 550 al Information (503) 526-2 222	Date Issued: (124	30)2 BEAVERTO	Add mont Time		
10 " 20 " "		Beaverton Óregon.gc			DEAVELTIV			
	TYPE OF	WORK			REQUIRED DATA	alian perili turat (1 terre il 1 della programa di perili di perili di perili di perili di perili di perili di	ILY DWELLI	1G
☐ New construction		☐ Demolition		Permit	fees* are based or e the value (rounde	n the value of the	work perform dollar) of all e	ed. guipment,
☑ Addition/alteration/replacement	ent	☐ Other:		materia	als, labor, overhead plication.	d, and the profit fo	r the work inc	licated on
	CATEGORY OF C	CONSTRUCTION		Valuati	·			
☐ 1- and 2-family dwelling		☑ Commercial/industrial		Nun	nber, of bedrooms:			
Accessory building		☐ Multi-family		Nun	nber of bathrooms:			
Master builder		Other:		Tota	al number of floors:			,,,
Jo	B SITE INFORMATI	ON AND LOCATION			v dwelling area:		square feet	
Job site address: 3725 SW	Hocken Ave.				age/carport area:		square feet	
City/State/ZIP: Beaverton,	OR 97005				ered porch area:		square feet	
Suite/bldg./apt. no.:		Project name: Vanguard LN Ta	ınk		•		square feet	
Cross street/directions to job site	^{e:} Between Hall	& Millikan			k area:			
					er structure area:		square feet	
O. I. I		Lot no.:		4,14,14,14,1	required DATA: fees* are based or	And the second s	*** *********************************	of biford and other
Subdivision:	VC00700	Eor no		Indicate	e the value (round als, labor, overhead	ed to the nearest of	dollar) of all e	quipment,
Tax map/parcel no.: 1S109D	DESCRIPTION	OF WORK			plication.	a, and the profit to		
	and the state of t		(Note that the Audit Heavy)	Valuati	on			\$21,400
nstallation of a new co /aporizer for connectio	oncrete foundati	on, bollards, fencing, tank a	nd	Exis	ting building area:	······	square feet	67,800
apolizer for connection	on to a new mile	gen system		New	v building area:		square feet	67,800
Piping, piping design	and mechanical	permitting by others		Nun	nber of stories:			1
☐ PROPERTY O)WNER	☑ TENANT		Тур	e of construction:			IIB
Name: Vanguard EMS				Occ	upancy groups:		В,	F-2, S-2
Address: 3725 SW Hocke	en Ave.	44			Existing:		В,	F-2, S-2
City/State/ZIP: Beaverton,	OR 97005				New:		NO C	HANGE
Phone: (503) 644-4808		Fax:		NA.		NOTICE		
E-mail:				All con	tractors and subco	entractors are requ	uired to be lice	ensed with
☑ APPLICAL	NT	☑ CONTACT PERSON		the Ore	egon Construction e required to be lice	Contractors Board	d under ORS	701 and
Business name: James Qui	inn Company Ll	_C		being p	performed. If the ap			
Contact name: Aaron Lothr	ор			TOILGVIII	ig reasons appriy.			
Address: 52167 SE 8th S	Street							
City/State/ZIP: Scappoose,	, OR 97056							
Phone: (503) 481-8002		Fax:						
E-mail: Aaron.JQC@gm:	sil.com			A septimization				
	CONTRAC	TOR			1	DING PERMIT F		
Business name: James Qui	inn Constructior)			Pleas	e refer to fee sche	∍dule ————————————————————————————————————	***************************************
Address: 52167 SE 8th S	Street			Fees d	lue upon applicatio)n		
City/State/ZIP: Scappoose,	, OR 97056			Amoun	nt received			
Phone: (503) 481-8002		Fax:		Date re	eceived:			
CCB lic : 207465								

Date:

06/21/19

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

Wunderland Fire Alarm Building Permit Application



Print name:

Ben Breit

Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 V/TDD BeavertonOregon.gov

OFFICE	USEONLY
Date Received: 09/23/2019	Permit N B2019-3988
Date Issued: 1012319	By: CRU
	Payment Type:

OREGON Generally	BeavertonOregon.gov		Paymen	it Type:
Туре	OF WORK		REQUIRED DATA: 1- AN	D 2-FAMILY DWELLING
☐ New construction	☐ Demolition	28000 CO. C.	Permit fees* are based on the value indicate the value (rounded to the	ue of the work performed.
☑ Addition/alteration/replacement	Other:		materials, labor, overhead, and the this application.	e profit for the work indicated on
CATEGORÝ (OF CONSTRUCTION		Valuation	
1- and 2-family dwelling	☑ Commercial/industrial		Number, of bedrooms:	
☐ Accessory bullding	☐ Multi-family		Number of bathrooms:	
☐ Master builder	☐ Other:		Total number of floors:	
JOB SITE INFORM	MATION AND LOCATION			
Job site address: 17235 NW Corridor Co	ourt Ste.150		New dwelling area:	square feet
City/State/ZIP: Beaverton, OR 97006			Garage/carport area:	square feet
Suite/bldg./apt. no.: 150	Project name: Electric Castle's	Wunderl	Covered porch area:	square feet
Cross street/directions to job site:			Deck area:	square feet
			Other structure area:	square feet
			REQUIRED DATA: COMME	RCIAL-USE CHECKLIST
Subdivision:	Lot no.:		Permit fees* are based on the value Indicate the value (rounded to the	ie of the work performed, nearest dollar) of all equipment.
Tax map/parcel no.:		androvi Silvani di program	materials, labor, overhead, and the this application.	
DESCRIPT	ION OF WORK	C. C. Landers Physics	Valuation	4,648
Fire Alarm			Existing building area:	square feet
			New building area:	square feet
			Number of stories:	, , , , , , , , , , , , , , , , , , , ,
PROPERTY OWNER	☑ TENANT		Type of construction:	
Name: Electric Castle's Wunderland			Occupancy groups:	
Address: 17235 NW Corridor Court St	e.150		Existing:	
city/State/ZIP: Beaverton, OR 97006			New;	
Phone:	Fax:		NOTI	ne .
E-mail:				
☑ APPLICANT	☐ CONTACT PERSON		All contractors and subcontractors the Oregon Construction Contracto	rs Board under ORS 701 and
Business name: Point Monitor Corp.			may be required to be licensed in the being performed. If the applicant is	he jurisdiction in which work is exempt from licensing, the
Contact name: Brooke Williams			following reasons apply:	<u> </u>
Address: 5863 Lakeview Blvd. #100			; •	
City/State/ZIP: Lake Oswego, OR 97035	5			r *
Phone: (503) 627-0100	Fax:		1	
E-mall: bwilliams@pointmonitor.com				
CONTR	RACTOR		BUILDING PER	RMIT FEES*
Business name: Point Monitor Corp.			Please refer to f	ee schedule
Address: 5863 Lakeview Blvd. #100			Fees due upon application	\$258.64
City/State/ZIP: Lake Oswego, OR 97035	3		Amount received	
Phone: (503) 627-0100	Fax;		Date received:	
CCB No.: 135901		L		
Authorized signature:	6		This parmit application expires within 180 days after it has be	s ir a permit is not obtained sen accepted as complete

Date:

09/23/19

 Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Print namé:

Building Permit Application

12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (509) 526-2550
General Information (503) 526-2222V/TDD

	RECEIVE	ISE ONLY	
	Dale Réceived: 10/21/2019	Permit No B2019-4359	_
ŀ	CITY OF BEAVERTON		_

O B E G O H	General Information (503) 526-2222V/100	Dim	DIVID	
	Beaverton Oregon gov		PING DIVISION	PERMITE NAMED IN THE PROPERTY OF THE PROPERTY
			大型的 (1995年) 1995年 (1995年)	all the same of th
		**************************************	Permit fees* are based on the val	negrest dollar) of all aquipment,
☐ New construction	☐ Demolition		Permil fees* are based on the val indicate the value (rounded to the materials, labor, overhead, and the	is broug for the Moth indicated on
MAddillon/alteration/replacement	Olher:		inis appliquioti.	
Wood literature	THE WAY WELL TO DESIGN THE CALL OF THE CAL		Valuation 3 000.00	
	Commercial/Industrial		Number, of bedrooms;	
1- and 2-family dwelling	☐ Multi-family		Number of bethrooms:	
☐ Accessory building		`	Total number of floors:	
☐ Mester builder	☐ Other:			equare feet
		A Committee of the Comm	New dwelling area:	square feet
dob alte address: 4590	Watson Ave.		Garage/carport area:	
	Jan 018, 97005		Covered porch area:	square feet
City/State/ZIP: BLADE	Project name: 1 : OT	exet	Deck area:	equare feet
Sulte/bldg./apt. no.;	44.12.4.4			square feet
Cross street/directions to job site:		ļ	Other structure area:	
			THE PEOUPEDIDATALOG	METAL TOTAL PORTUGATION
-	Lot no.;		Permit fees are based on the	value of the work performed; the nearest dollar) of all equipment, the profit for the work indicated on
Subdivision:	Lot no.		majorials, labor, overnado, sin	the nearest dollar) of all every indicated on
Tax map/parcel no.:			this application.	
	SENDER CHIEF CONTOURNED BY STATE OF THE SENDER CHIEF CONTOUR CHIEF CONTO		Valuation	· ·
	DA = 1	L. F+.)	Existing building area:	square feet
wark-in	130%		New building area:	squere feet
VO V	-		Number of stories:	
1		ana san san san mana 22 aliwah		
			Type of construction:	water the state of
	N. T. C. S. L. M. S. M.		Occupancy groups:	
Name:	the state of the s		Exiating:	
Address:				
City/State/ZiP:			New:	
Phorie:	Fax:			
			All contractors and subcontra	actors are required to be licensed with
E-mail:		Fhack	[8] I the Oregon Constitution of	THE BOTTON OF THE PARTY OF THE PROPERTY OF THE PARTY OF T
	ALL STREET, ST		I I KAIRA BAHAMBAL II UID AKKO	icant is exempt from licensing, the
Bueiness name: Bulla	agment inc.		following reasons apply:	
Contact name: 12/1/14	I Walters,			
Address: 7307	15, 39 M St.		-	
	C LOG GARAGE		_	
City/State/ZIP:	212 Pax 2/11-19 2	.150t		
Phone: 300 . 901	060000000000000000000000000000000000000	1111		
E-mall: N. A ()	medregmail gm			NGAPERALIPAEEDAN SA GARAGE
			Please	refer to fee schedule
Business name: But	Idag march INC.			40.47.47
221-1	36 120 76 6		Fees due upon application	Ψ-1111
Address: 3307	12 37 Mable		Amount received	
City/State/ZIP:	VC, WH. TOUR	1 3000	Date received:	
Phone: 7/0/1.90/	2600 Fax 304.073	1303		n expires if a permit is not obtained
CCB IIC: 1529	93 metro 80	27		in expires it a permit to recomplete it has been accepted as complete it-ficounty Building Industry
	1-4		Selvice Board . Lee Wefrodology say na	the manniferance of
Authorizad cianaluigi. 🐪 🗸	is a transfer of management	/ /		

Dale: / 0//

Form 870-1001

86V 2/14

ELECTRONIC SUBMIPPRACTIVE Development Department SAR/BLDG DIV W@285W Millikan Way / PO Box 4755

Building Division

Beaverton, OR 97076

Date Received: 06

Date Issued:

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

OFFICE	USE ONLY
3/2019	Permit No.: B2019-2561
7-101	By: CIOU

Payment Type:

Beaverton BeavertonOregon.ggg TYPE OF WORK ■ New construction □ Demolition Other: ☑ Addition/alteration/replacement CATEGORY OF CONSTRUCTION 1- and 2-family dwelling ☑ Commercial/Industrial ☐ Accessory building ☐ Multi-family ☐ Master bullder ☐ Other: JOB SITE INFORMATION AND LOCATION Job site address: 14025 S.W. Farmington Rd City/State/ZIP: Beaverton, Oregon 97005 Project name: The Francis Suite/bidg./apt. no.: Cross street/directions to job site: S.W. Farmington Rd & S.W. 142nd Ave. Lot no.: Subdivision: Tax map/parcel no.: 1S116BC90000 DESCRIPTION OF WORK Removal of existing partial height walls/piping on 2nd & 3rd floor balconles & stair landings. Replaced w/ new 42" metal pipe guards. Removal of existing free standing metal canopies at front entry walkways. PROPERTY OWNER Name: The Francis, LLC c/o WYSE Real Estate Advisors Address: 810 SE Belmont, Suite 100 City/State/ZIP: Portland, OR 97214 Fax: Phone: (503) 294-0400 E-mail: O CONTACT PERSON ☑ APPLICANT Business name: AXIS Design Group Contact name: Kendra Kozak Address: 11104 S.E. Stark St. City/State/ZIP: Portland, OR 97216 Phone: (503) 284-0988 Fax: (503) 546-9276 E-mall: kendrak@axisdesigngroup.com CONTRACTOR Business name: TBD Address: City/State/ZIP: Phone: CCB lic.: Authorized

QUIRED DATA: 1- AND 2-FAMILY DWELLING Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application. Valuation Number, of bedrooms: Number of bathrooms: Total number of floors: New dwelling area: square feet Garage/carport area: square feet Covered porch area: square feet Deck area: square feet Other structure area: square feet REQUIRED DATA: COMMERCIAL-USE CHECKLIST Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application. \$30,000.00 Valuation Existing building area: square feet 21,216 New building area: square feet NA Number of stories: 3 Type of construction: В Occupancy groups: Existing: В В New: NOTICE All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply: **BUILDING PERMIT FEES*** Please refer to fee schedule \$643.93 Fees due upon application Amount received

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

Date received:

REV 2/14

Kendra J. Kozak

Date:

06/12/19

signature:

Print name:



Print name;

Robert C. Simpson

Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

OFFICE	USE ONLY
Dale Received: OZ3	Permit No.: 4365
Date Issued:	Ву:
	Payment Type:

	BeavertonOregon.gov	Paymen	(Type:
TYP	E OF WORK	REQUIRED DATA: 1- AN	D 2-FAMILY DWELLING
☐ New construction	Demolition	Permit fees* are based on the value Indicate the value (rounded to the	ue of the work performed.
☑ Addition/alteration/replacement	Other:	materials, labor, overhead, and the	e profit for the work indicated on
	OF CONSTRUCTION	this application. Valuation	
☐ 1- and 2-family dwelling	☑ Commercial/industrial	Number, of bedrooms:	- AMB-CO
☐ Accessory building	☐ Multi-family	Number of bathrooms:	
☐ Master builder	Other:		
	RMATION AND LOCATION	Total number of floors:	
Job site address: 9640 SW Sunshine	Court	New dwelling area:	square feet
City/State/ZIP: Beaverton, OR 97005		Garage/carport area:	square feet
Suite/bidg./apt. no.: 600	Project name: Seamus Golf	Covered porch area:	square feet
Cross street/directions to job site: SW Arcti		Deck area:	square feel
Since of soft and and an arrange of the final	0 5.110	Other structure area:	square feel
		REQUIRED DATA: COMMI	ERCIAL-USE CHECKLIST
Subdivision:	Lot no.: 1S123BA-01101	Permit fees* are based on the value (rounded to the	nearest dollar) of all equipment,
Tax map/parcel no.: 9640 SW Sunshin	e Court	materials, labor, overhead, and the	e profit for the work indicated on
	PTION OF WORK	Valuation	\$24,250.00
	molition of unwanted improvements an	Existing building area:	square feet 28346
limited construction of new impro existing tenant.	vements to alter a tenant space for an	New building area:	square feet 0
existing tenant.		Number of stories:	1
☑ PROPERTY OWNER	☐ TENANT	Type of construction:	3-B
Name: Wyse Real Estate Advisors		Occupancy groups:	
Address: 810 SE Belmont Street, S	uite 100	Existing:	B/F-1/S-1
City/State/ZIP: Portland, OR 97214			B/F-1/S-1
Phone: (503) 294-0400	Fax:	New:	
E-mail: MGreeninger@WyseREA.c	com		
☑ APPLICANT	☐ CONTACT PERSON	All contractors and subcontractors the Oregon Construction Contract	tors Board under ORS 701 and
Business name: Robert Simpson Arch	nitect, PC	may be required to be licensed in being performed. If the applicant it	s exempt from licensing, the
Contact name: Robert C. Simpson		following reasons apply:	
Address: 6121 NE Rosebay Drive			
City/State/ZIP: Hillsboro, OR 97124-5	5046		
Phone: (503) 709-9653	Fax:		
E-mail: R.C.Simpson@iCloud.com		`	
CON	ITRACTOR	BUILDING PE	RMIT FEES*
Business name: Pacific Crest Structul	res	Please refer to) fee schedule
Address: 17750 SW Upper Boones	Ferry Road, Suite 190	Fees due upon application	,
City/State/ZIP: Durham, OR 97224		Amount received	
Phone: (503) 968-8949	Fax:	Date received:	
CCB lic.: 66915		This permit application expir	as if a normit is not obtained
Authorized signature:		within 180 days after it has	

Date:

16 Oct., 2019

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Beaverton

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 Beaverton Oregon. gov

OFFICE USE ONLY

Date Received: 10/17/2019 Permit No.: B2019-4324

Date Issued: By:

CITY OF BEAVERTON Payment Type:

	beavertonoregon.gov
ТҮР	PE OF WORK
☐ New construction	☐ Demolition
Addition/alteration/replacement	Other:
CATEGORY	OF CONSTRUCTION
1- and 2-family dwelling	☐ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:
JOB SITE INFO	RMATION AND LOCATION
Job site address: 906 NW Silverado Di	r
City/State/ZIP: Beaverton, OR 97006	
Suite/bidg./apt. no.:	Project name: Marden #33640
Cross street/directions to job site:	
- · · · · · · · · · · · · · · · · · · ·	
Subdivision:	Lot no.:
Tax map/parcel no.: 1N132CB02700	
DESCRI	IPTION OF WORK
PROPERTY OWNER	□ TENANT.
Name: Philip Marden	
Address: 906 NW Silverado Dr	
City/State/ZIP: Beaverton, OR 97006	
Phone:	Fax:
E-mail:	
APPLICANT	CONTACT PERSON
Business name: TerraFirma Foundation	on Systems
Contact name: Heather Rogers	
Address: 13110 SW Wall St	-
City/State/ZIP: Tigard, OR 97223	
Рhone: (971) 205-5222	Fax:
E-mail: hrogers@terrafirmafs.com	
CON	NTRACTOR
Business name: TerraFirma Foundation	on Systems
Address: 13110 SW Wall St	
City/State/ZIP: Tigard, OR 97223	
Phone: (971) 205-5222	Fax:
CCB lie.: 173547	
Authorized signatu(6:	
Print riame:	Date:

Heather Rogers

Y OF BEAVERTO	Payment Type:
III MIKIM MUNICIPAL	A: 1- AND 2-FAMILY DWELLING
Permit fees' are based of	n the value of the work performed.
Indicate the value (round	led to the nearest dollar) of all equipment, id, and the profit for the work indicated on
Valuation	\$2,500.00
Number, of bedrooms	
Number of bathrooms	·
Total number of floors	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feel
REQUIRED DATA	: COMMERCIAL-USE CHECKLIST
Indicate the value (round	on the value of the work performed, fed to the nearest dollar) of all equipment, ad, and the profit for the work indicated on
Valuation	
Existing building area	: square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
	NOTICE
the Oregon Construction may be required to be life	ontractors are required to be licensed with Contractors Board under ORS 701 and censed in the jurisdiction in which work is applicant is exempt from licensing, the
BUIL	DING PERMIT FEES"
Pleas	se refer to fee schedule
Fees due upon applicati	on 234.92
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

 Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

10/16/19





Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

OFFI	CE USE ONLY
Date Received: 307/10	Permit No.: 1236
Date Issued:	/A/
ויוומו א פונדו	Payment Type:

	PE OF WORK	Permit fees* are
New construction	☐ Demotition	Indicate the value
Addition/alteration/replacement	Other:	this application.
CATEGORY	OF CONSTRUCTION	Valuation
1- and 2-family dwelling	Commercial/industrial	Number, of t
Accessory building	☐ Multi-family	Number of b
☐ Master builder	☑ Other:	Total numbe
JOB SITE INFO	RMATION AND LOCATION	New dwelling
Job site address: 6125 SW	Hall Bluch	Garage/carp
City/State/ZIP: Beaverton OR 9700:	5	Covered por
Suite/bldg./apt. no.:	Project name: Beaverton Public Safety Center	Deck area:
Cross street/directions to job site: SW Hall B	lvd & Main Street	Other structu
Subdivision	Lot no.:	Permit fees* are
Subdivision:	COCHO.	Indicate the val
Tax map/parcel no.:	PTION OF WORK	this application.
		Valuation \$18
Installation of 332.500 kW photov	oitiac system on root and carport	Existing build
		New building
		Number of s
☑ PROPERTY OWNER	☐ TENANT	Type of con:
Name: City of Beaverton		Occupancy
Address: PO Box 4755		Existing
City/State/ZIP: Beaverton, OR 97076		New:
Phone: 503-526-2222	Fax:	
E-mail:		All anatomics
☑ APPLICANT	☑ CONTACT PERSON	All contractors the Oregon Co
Business name: A&R Solar		may be require being performe
		following reaso
011		
Contact name: Tina Kayser		
Contact name: Tina Kayser Address: 6800 NE 59th Place		
Contact name: Tina Kayser Address: 6800 NE 59th Place City/State/ZIP: Portland OR 97218	Fax:	
Contact name: Tina Kayser Address: 6800 NE 59th Place City/State/ZIP: Portland OR 97218 Phone: 503-420-8680	Fax:	
Contact name: Tina Kayser Address: 6800 NE 59th Place City/State/ZIP: Portland OR 97218 Phone: 503-420-8680 E-mail: permits@a-rsolar.com	Fax:	
Contact name: Tina Kayser Address: 6800 NE 59th Place City/State/ZIP: Portland OR 97218 Phone: 503-420-8680 E-mail: permits@a-rsolar.com		
Contact name: Tina Kayser Address: 6800 NE 59th Place City/State/ZIP: Portland OR 97218 Phone: 503-420-8680 E-mail: permits@a-rsolar.com CON Business name: A&R Solar		Fees due upon
Contact name: Tina Kayser Address: 6800 NE 59th Place City/State/ZIP: Portland OR 97218 Phone: 503-420-8680 E-mail: permits@a-rsolar.com CON Business name: A&R Solar Address: 6800 NE 59th Place		
Contact name: Tina Kayser Address: 6800 NE 59th Place City/State/ZIP: Portland OR 97218 Phone: 503-420-8680 E-mail: permits@a-rsolar.com con Business name: A&R Solar Address: 6800 NE 59th Place City/State/ZIP: Portland OR 97218		Fees due upon Amount receive Date received:
Contact name: Tina Kayser Address: 6800 NE 59th Place City/State/ZIP: Portland OR 97218 Phone: 503-420-8680 E-mail: permits@a-rsolar.com CON Business name: A&R Solar Address: 6800 NE 59th Place City/State/ZIP: Portland OR 97218 Phone: 503-420-8680	ITRACTOR	Amount receive
Contact name: Tina Kayser Address: 6800 NE 59th Place City/State/ZIP: Portland OR 97218 Phone: 503-420-8680 E-mail: permits@a-rsolar.com CON Business name: A&R Solar Address: 6800 NE 59th Place City/State/ZIP: Portland OR 97218 Phone: 503-420-8680 CCB lic.: 207641 Authorized	ITRACTOR	Amount receive
Contact name: Tina Kayser Address: 6800 NE 59th Place City/State/ZIP: Portland OR 97218 Phone: 503-420-8680 E-mail: permits@a-rsolar.com CON Business name: A&R Solar Address: 6800 NE 59th Place City/State/ZIP: Portland OR 97218 Phone: 503-420-8680 CCB lic.: 207641	ITRACTOR	Amount received: Date received: This permit

REQUIRED DATA: 1- AND	2-FAMILY DWELLING
Permit fees* are based on the value Indicate the value (rounded to the r materials, labor, overhead, and the this application.	nearest dollar) of all equipment,
Valuation	
Number. of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMME	RCIAL-USE CHECKLIST
Permit fees* are based on the valu indicate the value (rounded to the r materials, labor, overhead, and the this application.	nearest dollar) of all equipment,
Valuation \$185150.00	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTI	CE
All contractors and subcontractors the Oregon Construction Contractors may be required to be licensed in t	ors Board under ORS 701 and the jurisdiction in which work is
being performed. If the applicant is	
being performed. If the applicant is following reasons apply:	RMIT FEES*
being performed. If the applicant is	
being performed. If the applicant is following reasons apply:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

 Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

Community Development Department **Building Division** 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 V/TDD BeavertonOregon.gov

RECEIVED	(Routee	19	15-17
			STATE OF THE STATE OF

OFFICE	USE ONLY
Date ReceivedSFP 1 5 2017	Permit No.: 152017. 3915
Date Issued: 0 20 206	(A)
10/21/2011	Payment Type:
THE PERSON NAMED IN THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PERSON NAMED IN THE PERSON NAMED I	NA P

	<u> </u>		G SENVICES DIVISION	
TYPE	OF WORK		REQUIRED DATA: 1- AND Permit fees* are based on the value	
☐ New construction	☐ Demolition	1 1	indicate the value (counded to the r	nearest doller) of all equipment,
Addition/alteration/replacement	Olher:		materials, labor, overhead, and the this application.	brout for the work indicated on
CATEGORY OF	CONSTRUCTION		Valuation	
☐ 1- and 2-family dwelling	☑ Commercial/industrial	4 [Number, of bedrooms:	
☐ Accessory building	☐ Multi-family	_	Number of bathrooms:	
☐ Master builder	☐ Other:		Total number of floors:	
JOB SITE INFORMA	ATION AND LOCATION		New dwelling area:	square feet
Job site address: 9005 5W.C.	anyon Rov.	<u> </u>	Garage/carport area:	square feet
City/State/ZIPQOY+12000.	ORU 97225	_	Covered porch area:	square feet
Suite/bidg./apt. no.:	Project name: Carlot		Deck area:	square feet
Cross street/directions to job site;	\vee		Other structure area:	feet ensupa
1217 to Canyon Ro	X.		REQUIRED DATA: COMME	RCIAL-USE CHECKLIST
Subdivision:	Lot no.:		Permit fees* are based on the value indicate the value (rounded to the	le of the work performed.
Tax map/parcel no.: \51110300	700		materials, labor, overhead, and the this application.	profit for the work indicated on
DESCRIPT	ON OF WORK		Valuation (\$50.00	20
Installation of a	ntennason		Existing building area:	square feet
nillidina : equi	pment installed	2	New building area:	square feet
Marin existin	a storage unit		Number of stories: 4	
PROPERTY OWNER	TENANT		Type of construction:	3-II-B
Name: MIN SPLESTO	rage		Occupancy groups:	
Address: 90105 5\\Ca	hugh Rau.		Existing: (1) M M	ercial
City/State/ZIP: RODURTO	1.0R 97225	_	New: O O O	ander
Phone: 9-4-23U-9505	Fex: 971-2310-9509	1	, NOT	ICE O
E-mall: Kne portiar	idstorage con)	All contractors and subcontractors	s are required to be licensed with
☐ APPLICANT	CONTACT PERSON		the Oregon Construction Contract may be required to be licensed in	ors Board under ORS 701 and the jurisdiction in which work is
Business name: VPV 700 W	Tresess clo		being performed. If the applicant i following reasons apply:	s exempt from licensing, the
Contact name; BIACK ROCK	, sophia Mekkers		, on a second	
Address: POBOX 1744			,	
City/State/ZIP: TUQUATIO	OR 97070	_		
Phone: 503 - 380 - 15L04	Fax:			e e e e e e e e e e e e e e e e e e e
E-mail: 500Nia e DIK-Y	OCK. COM		BUILDING PE	CHAIT CECC
CONTI	RACTOR	19074.	100 (400 CA) 1 4 CA 540 CA (4 CA) 1 CA 540 CA (4 CA)	o fee schedule
Business name: Strata	INC	_		TELLA
Address: 600 SE MAZI	Time AUR BIJG3 Suite 33	2	Fees due upon application	20.01
CITY/State/ZIP: ANCOUVER	WA 98661		Amount received	
Phone: 360-713-5286	Fax:	_	Date received:	
CCB IIc.: 75960			This permit application expli	res if a permit is not obtained been accepted as complete
Authorized Signature Company	KKUB			
			* Fee methodology set by T	II-Contrix pananta

Industry Service Board

Form B70-1001



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755

Requester OR 97076

Beaverton, OR 97076 De Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 BeavertonOregon.ge

			OFFI	CE	USE ONLY				
ate Received:	,		i		Permit No.: 1	20	9.	447))
ate Issued:	10	20	1001	\mathcal{M}	BM				-
	1		, .),	Payment Type:				

☐ New construction	☐ Demolition
☑ Addition/alteration/replacement	☐ Other:
CATEGOR	Y OF CONSTRUCTION
☐ 1- and 2-family dwelling	☑ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	☐ Other:
JOB SITE INFO	DRMATION AND LOCATION
Job site address 0760 SW Denney I	Road
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCR	RIPTION OF WORK
monibrano. Olado 7 monatos 100	of system (see attached UL listing).
	☐ TENANT
☑ PROPERTY OWNER Name: Harsch Investment Propert	☐ TENANT
☑ PROPERTY OWNER Name: Harsch Investment Propert Address: 1121 SW Salmon Street	☐ TENANT
PROPERTY OWNER Name: Harsch Investment Properti Address: 1121 SW Salmon Street City/State/ZIP: Portland, OR 97205	ies
PROPERTY OWNER Name: Harsch Investment Propert Address: 1121 SW Salmon Street City/State/ZIP: Portland, OR 97205 Phone: (503) 242-2900	☐ TENANT
PROPERTY OWNER Name: Harsch Investment Properti Address: 1121 SW Salmon Street City/State/ZIP: Portland, OR 97205 Phone: (503) 242-2900 E-mail: lisar@harsch.com	ies Fax:
PROPERTY OWNER Name: Harsch Investment Propert Address: 1121 SW Salmon Street City/State/ZIP: Portland, OR 97205 Phone: (503) 242-2900 E-mail: lisar@harsch.com	ies Fax: ☐ CONTACT PERSON
PROPERTY OWNER Name: Harsch Investment Properti Address: 1121 SW Salmon Street City/State/ZIP: Portland, OR 97205 Phone: (503) 242-2900 E-mail: lisar@harsch.com PAPPLICANT Business name: ABC Roofing Compa	ies Fax: ☐ CONTACT PERSON
Name: Harsch Investment Propertication Address: 1121 SW Salmon Street City/State/ZIP: Portland, OR 97205 Phone: (503) 242-2900 E-mail: lisar@harsch.com ☑ APPLICANT Business name: ABC Roofing Compact Contact name: Brian Kearney	ies Fax: ☐ CONTACT PERSON
PROPERTY OWNER Name: Harsch Investment Properti Address: 1121 SW Salmon Street City/State/ZIP: Portland, OR 97205 Phone: (503) 242-2900 E-mail: lisar@harsch.com PAPPLICANT Business name: ABC Roofing Compa Contact name: Brian Kearney Address: 10123 SE Brittany Court	Fax: CONTACT PERSON any
Name: Harsch Investment Properticular Address: 1121 SW Salmon Street City/State/ZIP: Portland, OR 97205 Phone: (503) 242-2900 E-mail: Iisar@harsch.com APPLICANT Business name: ABC Roofing Compact Contact name: Brian Kearney Address: 10123 SE Brittany Court City/State/ZIP: Clackamas, OR 9701	Fax: CONTACT PERSON any
Name: Harsch Investment Properti Address: 1121 SW Salmon Street City/State/ZIP: Portland, OR 97205 Phone: (503) 242-2900 E-mail: lisar@harsch.com APPLICANT Business name: ABC Roofing Compa Contact name: Brian Kearney Address: 10123 SE Brittany Court City/State/ZIP: Clackamas, OR 9701 Phone: (503) 786-0616	Fax: CONTACT PERSON any
Name: Harsch Investment Properti Address: 1121 SW Salmon Street City/State/ZIP: Portland, OR 97205 Phone: (503) 242-2900 E-mail: lisar@harsch.com APPLICANT Business name: ABC Roofing Compa Contact name: Brian Kearney Address: 10123 SE Brittany Court City/State/ZIP: Clackamas, OR 9701 Phone: (503) 786-0616 E-mail: brian@abcroofingco.com	Fax: CONTACT PERSON any
Name: Harsch Investment Properti Address: 1121 SW Salmon Street City/State/ZIP: Portland, OR 97205 Phone: (503) 242-2900 E-mail: lisar@harsch.com	Fax: CONTACT PERSON any 5 Fax:
Name: Harsch Investment Propertic Address: 1121 SW Salmon Street City/State/ZIP: Portland, OR 97205 Phone: (503) 242-2900 E-mail: Ijsar@harsch.com APPLICANT Business name: ABC Roofing Compact Contact name: Brian Kearney Address: 10123 SE Brittany Court City/State/ZIP: Clackamas, OR 9701 Phone: (503) 786-0616 E-mail: brian@abcroofingco.com Business name: ABC Roofing Compact Court City/State/ZIP: Clackamas, OR 9701	Fax: CONTACT PERSON any 5 Fax:
Name: Harsch Investment Properti Address: 1121 SW Salmon Street City/State/ZIP: Portland, OR 97205 Phone: (503) 242-2900 E-mail: lisar@harsch.com APPLICANT Business name: ABC Roofing Compa Contact name: Brian Kearney Address: 10123 SE Brittany Court City/State/ZIP: Clackamas, OR 9701 Phone: (503) 786-0616 E-mail: brian@abcroofingco.com CC Business name: ABC Roofing Compa Address: 10123 SE Brittany Court	Fax: CONTACT PERSON any 5 Fax: DNTRACTOR any
Name: Harsch Investment Propertic Address: 1121 SW Salmon Street City/State/ZIP: Portland, OR 97205 Phone: (503) 242-2900 E-mail: Iisar@harsch.com APPLICANT Business name: ABC Roofing Compact Contact name: Brian Kearney Address: 10123 SE Brittany Court City/State/ZIP: Clackamas, OR 9701 Phone: (503) 786-0616 E-mail: brian@abcroofingco.com CC Business name: ABC Roofing Compact City/State/ZIP: Clackamas, OR 9701 Address: 10123 SE Brittany Court City/State/ZIP: Clackamas, OR 9701	Fax: CONTACT PERSON any 5 Fax: DNTRACTOR any
Name: Harsch Investment Properti Address: 1121 SW Salmon Street City/State/ZIP: Portland, OR 97205 Phone: (503) 242-2900 E-mail: lisar@harsch.com ☑ APPLICANT Business name: ABC Roofing Compa Contact name: Brian Kearney Address: 10123 SE Brittany Court City/State/ZIP: Clackamas, OR 9701 Phone: (503) 786-0616 E-mail: brian@abcroofingco.com CC Business name: ABC Roofing Compa Address: 10123 SE Brittany Court City/State/ZIP: Clackamas, OR 9701 City/State/ZIP: Clackamas, OR 9701 City/State/ZIP: Clackamas, OR 9701 Phone: (503) 786-0616	Fax: CONTACT PERSON
Name: Harsch Investment Properti Address: 1121 SW Salmon Street City/State/ZIP: Portland, OR 97205 Phone: (503) 242-2900 E-mail: lisar@harsch.com ☑ APPLICANT Business name: ABC Roofing Compa Contact name: Brian Kearney Address: 10123 SE Brittany Court City/State/ZIP: Clackamas, OR 9701 Phone: (503) 786-0616 E-mail: brian@abcroofingco.com CC Business name: ABC Roofing Compa Address: 10123 SE Brittany Court City/State/ZIP: Clackamas, OR 9701 City/State/ZIP: Clackamas, OR 9701	Fax: CONTACT PERSON

T dymont 1 ypo.	
REQUIRED DATA: 1- AND 2-FAM	ILY DWELLING
Permit fees* are based on the value of the Indicate the value (rounded to the nearest materials, labor, overhead, and the profit for this application.	dollar) of all equipment,
Valuation	
Number, of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area;	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-	USE CHECKLIST
Permit fees* are based on the value of the Indicate the value (rounded to the nearest materials, labor, overhead, and the profit fo this application.	dollar) of all equipment,
Valuation	\$64,005
Existing building area:	square feet 7,800
New building area:	square feet 7,800
Number of stories:	2
Type of construction:	2
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required Oregon Construction Contractors Boar may be required to be licensed in the jurist being performed. If the applicant is exemp following reasons apply:	d under ORS 701 and diction in which work is
BUILDING PERMIT F	Approved the following street and and the
Fees due upon application	1,127.32
Amount received	1(141.7
Date received:	L
2010 100011001	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

ELECTRONIC SUBMITTAL Development Department Building Division Building Division Wilkan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 V/TDD BeavertonOregon.gov L

Queenz	1->
-(*

OFFICE	USE ONLY
Date Received: 8/2/2015	Permit No 1520 19-33 13
Date Issued:	By:
	Payment Type:

	YPE OF WORK
☐ New construction	Demolition
☑ Addition/alteration/replacement	☐ Other:
	RY OF CONSTRUCTION
1- and 2-family dwelling	☑ Commercial/Industrial
☐ Accessory building	☐ Multi-family
☐ Mester builder	☐ Other:
	ORMATION AND LOCATION
Job site address: 8225 SW Apple Wa	
City/State/ZIP:Beaverton, Oregon 97	Z
Suite/bldg./apt. no.:	Project name: Queenz
	nd Laurelwood off Beaverton-Hillsdale
·	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCI	RIPTION OF WORK
PROPERTY OWNER	☑ TENANT
Name:Queenz	
Address:8225 SW Apple Way	
City/State/ZIP:Portland, Oregon 972	25
Phone:	Fax:
E-mail:	
☑ APPLICANT	☑ CONTACT PERSON
Business name: Fire One Fire System	ms, INC
Contact name: Nick Bocchetti	
Address:Po Box 734	
City/State/ZIP:Oregon City, Oregon	97045
Phone:(503) 557-9050	Fax:(503) 557-9268
E-mall:nick@fireone.org	
CC	ONTRACTOR
Business name: Fire One Fire System	ns, INC
Address:Po Box 734	
City/State/ZIP:Oregon City, Oregon	
Phone:(503) 557-9050	Fax:(503) 557-9268
CCB IIc.:98140	
Authorized signature:	racits
Print name:	Date:
Nick Bocchetti	08/01/19

REQUIRED DATA	AND S EAR	III V BURELLI INO
Permit fees* are based on Indicate the value (rounde materials, labor, overhead this application.	the value of the	work performed. dollar) of all equipment,
Valuation		
Number, of bedrooms:		
Number of bathrooms:		
Total number of floors:		
New dwelling area:		square feet
Garage/carport area:		aquare feet
Covered porch area:		square feet
Deck area:		square feet
Other structure area:		square feet
REQUIRED DATA:	COMMERCIAL-	USE CHECKLIST
Permit fees* are based on indicate the value (rounde materials, labor, overhead this application.	d to the nearest	dollar) of all equipment.
Valuation		7,250.00
Existing building area:		square feet
New building area:		square feet
Number of stories:		
Type of construction:	Tei	nant Improvement
Occupancy groups:	B- LH Sea	ating - OH Kitchen
Existing:		
New:		
	NOTICE	
All contractors and subcor the Oregon Construction C may be required to be lice being performed. If the ap following reasons apply:	Contractors Boar nsed in the lunk	d under ORS 701 and diction in which work is
	,	
BUILD	ING PERMIT F	EES*
Please	refer to fee sch	
Fees due upon application	1	337.44
Amount received		``
Date received:		

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

Authorized signature:

Print name:

Hayden LeBlonde

Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

DECEMBE	
OFFICE	USE ONLY
Date Received: 08/19/2019	Permit No.: B2019-3524
Date Issued: 10-30-19	By: We
	15 17 (A) # #

OREGON CHIER	BeavertonOregon.geg	ΙΤΥ	<u> </u>	DE BEAVERTON Payment	Type: VISA	
TYPE OF	WORK	1 11	ΙΕ	HVG EUVIREUWATA: 1- AND	2-FAMILY DWELLING	
☐ New construction	☐ Demolition	1	1 6	Permit fees* are based on the valu- indicate the value (rounded to the r	e or ine work perrormed) .
☑ Addition/alteration/replacement	☐ Olher:	1	Ī	naterials, labor, overhead, and the his application.	profit for the work India	aled on
CATEGORY OF C	ONSTRUCTION		_	Valuation		
1- and 2-family dwelling	☑ Commercial/industrial		Number, of bedrooms:			
☐ Accessory building ☐ Multi-family			Number of bathrooms:			
☐ Master builder ☐ Olher:			H	Total number of floors:		
JOB SITE INFORMATI	ON AND LOCATION		-	New dwelling area:	square feet	
Job site address: 2785 SW Cedar Hills Blvd]	\vdash	Garage/carport area:	square feet	
City/State/ZIP: Beaverton, OR 97005			\vdash	Covered porch area:	square feet	
Sulte/bidg./apt. no.:	Project name: Fidelity Investments - TI		-		square feet	
Cross street/directions to job site: Cross street:	SW Jenkins Rd		-	Deck area:		
			L	Other structure area:	square feet	e Transition
Distributions	Lot no.;	-	H	REQUIRED DATA: COMME Permit fees* are based on the value		
Subdivision:	LOUTION	-	1	Indicate the value (rounded to the materials, labor, overhead, and the	nearest dollar) of all eq	ulpmeni,
Tax map/parcel no.: DESCRIPTION	or work	17		this application.		
AND SAND THE RESTORED AND AND AND AND AND AND AND AND AND AN			L	Valuation	\$18,	500.00
Scope of work includes the addition of the southern facade of the existing ext	tour (4) new punched openings to region skin. New punches openings		L	Existing building area:	square feet	4,782
shall match the finish, profiles and gla	zing of the existing storefront			New building area:	square feet	4,782
system.			Γ	Number of stories:		2
PROPERTY OWNER	Z) TENANT	3		Type of construction:	Tenant Impro	vement
Name: Fidelity Real Estate Company, L	LC	_		Occupancy groups:	G	iroup B
Address: 245 Summer Street			T	Existing:	G	iroup B
City/State/ZIP: Boston, Massachusetts 02:	111	_	T	New:	· G	iroup B
Phone:	Fax:	_	r	NOT	ICE	4. 8 1.50
E-mail:		_	r	All contractors and subcontractors	are required to be lice	nsed with
☑ APPLICANT	☐ CONTACT PERSON	_		the Oregon Construction Contract may be required to be licensed in	ors Board under ORS 7	'01 ลกɗ
Business name: Andersen Construction Co	ompany LLC	_	1	being performed. If the applicant is following reasons apply:	s exempt from licensing	, the
Contact name: Hayden LeBlonde		_	\mathbf{F}	Tollow High Parks		
Address: 5601 6th Avenue South, Suite	550	_				
City/State/ZIP: Seattle, WA 98108		_				
Phone: (360) 739-7212	Fax: (206) 762-6710	_				
E-mall: hleblonde@andersen-const.com		_	-	grandina and the second	many years	- [[1.]
CONTRAC	TOR		ŀ		RMIT FEES*	<u> </u>
Business name: Andersen Construction Company LLC				Please refer to		`
Address: 5601 6th Avenue South, Suite 550			-	Fees due upon application	\$458.80	J
City/State/ZIP: Seattle, WA 98108	City/State/ZIP: Seattle, WA 98108			Amount received		
Phone: (206) 763-6712	Fax: (206) 762-6710	Date received:				
CCB lic.: 218298				This narmit annication expir	er if a permit ic not of	hanlete

Dale:

08/16/19

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Print name: David Phipps

Building Permit Application City of Beaverton

PO Box 4755, Beaverton, OR 97076 Phone (503) 526-2403; Fax: (503) 526-2550

OFFICE USE ONLY		
Date Received:	Bernit No.: (5 70 19 . 44 8 1	
Date Issued:	Býl	
	Payment Type:	
1&2 family: Simple	Complex: 19933	

Internet address: www	beavertonoregon.gov	1&2 family: Si	imple	Complex:	<u>44 22</u>
TYPE O	= WORK		REQUIRED DAT	A: 1- AND 2-F	AMILY DWELLING
☐ New construction	☐ Demolition	and presentation ()			of the work performed.
✓ Addition/alteration/replacement			Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the		
CATEGORY OF	l 		work indicated on thi		
☐ 1- and 2-family dwelling	☑ Commercial/industrial		Valuation		
Accessory building	☐ Multi-family		Number, of bedroo	ms:	
☐ Master builder	Other:		Number of bathrooms:		
JOB SITE INFORMAT	ION AND LOCATION		Total number of flo	ors:	
Job site address: 8625 SW Cascade AVE			New dwelling area	•	square feet
City/State/ZIP: Beaverton, OR 97008			Garage/carport are	a:	square feet
Suite/bldg./apt. no.: Suite 500	Project name: Anitian		Covered porch are	a:	square feet
Cross street/directions to job site: SW Hall Blv	d		Deck area:		square feet
			Other structure are	a:	square feet
			REQUIRED DATA	: COMMERCI	AL-USE CHECKLIST
					of the work performed.
Subdivision:	Lot no.:		Indicate the value (ro		earest dollar) of all and the profit for the
Tax map/parcel no.:	A		work indicated on thi	s application.	*
DESCRIPTIO	N OF WORK		Valuation 2,600.00)	
Relocation of existing horn/ strobes and additional	celling strobe will be added to conferen	nce room five	Existing building a	rea:	square feet
			New building areas		square feet
			Number of stories:		
			Type of construction	on:	
☐ PROPERTY OWNER	☐ TENANT		Occupancy groups	•	
Name:			Existing:		
Address:			New:		
City/State/ZIP:				NOTICE	
Phone: ()	Fax: ()		All contractors and su		
☑ APPLICANT	☐ CONTACT PERSO	N	licensed with the Ore under ORS 701 and n	nay be required	I to be licensed in the
Business name: Fire Protection Services Inc			jurisdiction in which		
Contact name: David Phipps			applicant is exempt fi apply:	om neensing, i	me following reasons
Address: 9950 SW Arctic Drive					
City/State/ZIP: Beaverton Oregon				***************************************	
Phone: (503) 590-3732	Fax::(503)628-6214				
E-mail: phipps@fpsnw.com					
CONTRA	CTOR		BUILT	DING PERMIT	r FEES*
Business name: Fire Protection Services In	IC.		Pleas	se refer to fee s	chedule
Address: 9950 SW Arctic Drive			Fees due upon applic		206.11
City/State/ZIP: Beaverton Oregon 97005			Amount received	-	
Phone: (503) 590-3732	Fax: (503) 628-6214		Date received:		
CCB lic.: 154333				tion expires if a	ı permit is not obtained
Authorized signature:				fter it has been	accepted as complete

Date: 10/29/19

Industry Service Board

440-4613T (11/02/COM/WEB)

Beaverton

Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 0.T.C.

OFFICE	USE ONLY
Date Received: 0 (29) 2019	Permit No/5-2019 - 4456
Date Issued:	M/
10/30/30/10	Payment Type:

	BeavertonOregon.gov
TYP	E OF WORK
☐ New construction	☐ Demolition
☑ Addition/alteration/replacement	Other:
CATEGORY	OF CONSTRUCTION
1- and 2-family dwelling	☑ Commercial/industrial
☐ Accessory building	☐ Multi-family
☐ Master builder	Other:
JOB SITE INFOR	MATION AND LOCATION
Job site address 3925 SW ROS	
City/State/ZIP: Beaverton OR 97005	
Suite/bldg./apt. no.: /20	Project name; Central Station Taproom
Cross street/directions to Job site:	Trigled resires
orosa successive culona to job site.	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIP	PTION OF WORK
Interior Wall Partitions, Suspended	Celling System
•	- •
☐ PROPERTY OWNER	☐ TENANT
Name:	
Address:	W
City/State/ZIP:	
Phone:	Fax:
E-mail:	
□ APPLICANT	CONTACT PERSON
Business name: NW Precision Design	
Contact name: Darin Bouska	
Address; 17407 SW Inkster Dr.	
City/State/ZIP; Sherwood, OR 97140	
Phone: 503-680-6444	Fax:
E-mail: Darin@NW-Precision.com	10.
	ТАСТОЯ
Business name: BNK Construction, Inc.	
Address: 45 82nd Drive, Suite 53B	
City/State/ZIP: Gladstone, OR 97027	
Phone: 503-557-0833	T Four
CCB lic.: 107555	Fax:
Authorized signature:	
Print name: DANIA BOUSK	A Date: 10 2 19

1001000			
REQUIRED DATA: 1- AND 2-FA	MILY DWELLING		
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.			
Valuation			
Number. of bedrooms:			
Number of bathrooms:			
Total number of floors:			
New dwelling area:	square feet		
Garage/carport area:	square feet		
Covered porch area:	square feet		
Deck area:	square feet		
Other structure area:	square feet		
REQUIRED DATA: COMMERCIAL	-USE CHECKLIST		
Permit fees* are based on the value of the Indicate the value (rounded to the nearest materials, labor, overhead, and the profit this application.	t dollar) of all equipment, for the work indicated on		
Valuation	\$ 69,500		
Existing building area:	square feet 「I 1,190		
New building area:	square feet		
Number of stories:	6		
Type of construction:	IIIB		
Occupancy groups:			
Existing:	М		
New:	В		
NOTICE	The state of the s		
All contractors and subcontractors are req the Oregon Construction Contractors Boa may be required to be licensed in the juris being performed. If the applicant is exemp following reasons apply:	rd under ORS 701 and diction in which work is		
BUILDING PERMIT FEES!			
Please refer to fee schedule			
Fees due upon application	16,867.58		
Amount received			
Date received:			

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076

Date

Beaverton, OR 97076 Date
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon gov

OFFICE	USE ONLY
e Received: [0-50 19	Permit No.: B2019-4501
e Issued: 10 - 30 - 19	By: //
	Payment Type: \\

	YPE OF WORK
☐ New construction	☐ Demolition
✓ Addition/alteration/replacement	☐ Other:
	RY OF CONSTRUCTION
▼ 1- and 2-family dwelling ☐ Commercial/Industrial	
☐ Accessory building	☐ Multi-family
Master builder	Other:
	ORMATION AND LOCATION
Carriera de mara en propositiones de la company de la comp	
City/State/ZIP: BEAVIER TON	HOODVIEW PL
	OL 97508
Suite/bldg./apt. no.: Cross street/directions to job site:	Project name:
Subdivision:	Lot no.:
Tax map/parcel no.:	
[2] 프로틴 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	RIPTION OF WORK PEPLACIE BIEAM & REPAIR JOISTS & SHTG.
Name: Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
M APPLICANT	☐ CONTACT PERSON
Business name: PROPERT DA	MAKE BOLUTIONS, LLC
Contact name: CHEIS NEST	
Address: 2850 3W Ctt	_
City/State/ZIP: BEAVERTON,	DIAN HILLS BLUD #166
Phone:	
E-mail:	
CC	ove 97005
The state of the s	ove 97005
Business name: CARY Puol	Fax:
VATE 1 001	612 97005 Fax:
Address:	Fax: DINTRACTOR Construction
Address: City/State/ZIP: Buywbu OV	Fax: DINTRACTOR Construction
Address: City/State/ZIP: Boxwbru av Phone: 503.515.1760*	Fax: DITRACTOR Construction
Address: City/State/ZIP: Boann fru ov Phone: 503.515.1760*	Fax: DITRACTOR Construction
Address: City/State/ZIP: Boarmon OV Phone: 503.515.1760 CCB lic: 143266 Authorized	Fax: DNTRACTOR Construction Fax:

REQUIRED DATA: 1- AND 2-	
Permit fees* are based on the value of Indicate the value (rounded to the near materials, labor, overhead, and the pro- thls application.	rest dollar) of all equipment.
Valuation 25,000	
Number. of bedrooms:	
Number of bathrooms:	
Total number of floors: 2	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCI	AL-USE CHECKLIST
Permit fees* are based on the value of Indicate the value (rounded to the near materials, labor, overhead, and the pro- this application.	rest dollar) of all equipment,
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	•
Existing:	
New:	
NOTICE	
All contractors and subcontractors are the Oregon Construction Contractors E may be required to be licensed in the jubeling performed. If the applicant is exefollowing reasons apply:	loard under ORS 701 and urisdiction in which work is
,	
BUILDING PERMI	T FEES*
Please refer to fee :	
Fees due upon application \$507.93	
Amount received	
Date received:	•

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

 Fee methodology set by Trl-County Building Industry Service Board

Form B70-1001

Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 [Approved]

RECEIVED

OFFICE USE ONLY

Date Received 0/29/2019

Permit No.: B2019-4455

Date Issued: 03/30/9

By. A

CITY OF BEAVERTON Payment Type:

	BeavertonOregon.gov L	BUILDING DIVISIO
	TYPE OF WORK	REQUIRED DA
New construction	Demolition	Indicate the value (rou materials, labor, overh
Addition/alteration/replacement	Other:	this application.
CATEGO	DRY OF CONSTRUCTION	Valuation
1- and 2-family dwelling	Commercial/industrial	Number, of bedroom
Accessory building	Multi-family	Number of bathroom
Master builder	☐ Other:	Total number of floor
JOB SITE IN	FORMATION AND LOCATION	New dwelling area:
Job site address: 9440 SW 153rd Av	ve	Garage/carport are
City/State/ZIP: Beaverton, OR 9700)7	Covered porch area
Suite/bldg./apt. no.;	Project name: Adams - 33574	Deck area:
Cross street/directions to job site:		Other structure are
		REQUIRED DA
Subdivision:	Lot no.;	Permit fees* are base
Tax map/parcel no.: 1S129DB09700		Indicate the value (rou materials, labor, overh
The state of the s	CRIPTION OF WORK	this application.
and the control of th	Andrew Control of the	Valuation
Furnished of exemplement		
Encapsulation of crawlspace	•	Existing building ar
Encapsulation of crawlspace		
Encapsulation of crawlspace		Existing building ar New building area: Number of stories;
Encapsulation of crawlspace	□ TENANT	New building area:
	Andread and Miller search and the first of the Message and and the	New building area: Number of stories;
PROPERTY OWNER	Andread and Miller search and the first of the Message and and the	New building area: Number of stories; Type of constructio
PROPERTY OWNER Name: Stephen Mangold & Melo	dy Adams	New building area: Number of stories; Type of constructio Occupancy groups
PROPERTY OWNER Name: Stephen Mangold & Melo Address: 9440 SW 153rd Ave	dy Adams	New building area: Number of stories; Type of constructio Occupancy groups Existing:
PROPERTY OWNER Name: Stephen Mangold & Melo Address: 9440 SW 153rd Ave City/State/ZIP: Beaverton, OR 9700	dy Adams	New building area: Number of stories; Type of constructio Occupancy groups Existing: New:
PROPERTY OWNER Name: Stephen Mangold & Melor Address: 9440 SW 153rd Ave City/State/ZIP: Beaverton, OR 9700 Phone:	dy Adams	New building area: Number of stories; Type of constructio Occupancy groups Existing: New: All contractors and su the Oregon Construction
Name: Stephen Mangold & Melocaddress: 9440 SW 153rd Ave City/State/ZIP: Beaverton, OR 9700 Phone: E-mail:	dy Adams 07 Fax: CONTACT PERSON	New building area: Number of stories: Type of constructio Occupancy groups Existing: New: All contractors and su the Oregon Construction may be required to be being performed. If the
PROPERTY OWNER Name: Stephen Mangold & Melor Address: 9440 SW 153rd Ave City/State/ZIP: Beaverton, OR 9700 Phone: E-mail:	dy Adams 07 Fax: CONTACT PERSON	New building area: Number of stories: Type of constructio Occupancy groups Existing: New: All contractors and su the Oregon Construction may be required to be being performed. If the
PROPERTY OWNER Name: Stephen Mangold & Melocation Melocation Address: 9440 SW 153rd Ave City/State/ZIP: Beaverton, OR 9700 Phone: E-mail: APPLICANT Business name: TerraFirma Founda	dy Adams 07 Fax: CONTACT PERSON	New building area: Number of stories: Type of constructio Occupancy groups Existing: New: All contractors and su the Oregon Construction may be required to be being performed. If the
PROPERTY OWNER Name: Stephen Mangold & Melor Address: 9440 SW 153rd Ave City/State/ZIP: Beaverton, OR 9700 Phone: E-mail: APPLICANT Business name: TerraFirma Founda Contact name: Heather Rogers	dy Adams 07 Fax: CONTACT PERSON	New building area: Number of stories: Type of constructio Occupancy groups Existing: New: All contractors and su the Oregon Construction may be required to be being performed. If the
PROPERTY OWNER Name: Stephen Mangold & Meloc Address: 9440 SW 153rd Ave City/State/ZIP: Beaverton, OR 9700 Phone: E-mail: Business name: TerraFirma Founda Contact name: Heather Rogers Address: 13110 SW Wall St	dy Adams 07 Fax: CONTACT PERSON	New building area: Number of stories: Type of constructio Occupancy groups Existing: New: All contractors and su the Oregon Construction may be required to be being performed. If the
PROPERTY OWNER Name: Stephen Mangold & Melocal Address: 9440 SW 153rd Ave City/State/ZIP: Beaverton, OR 9700 Phone: E-mail: APPLICANT Business name: TerraFirma Foundat Contact name: Heather Rogers Address: 13110 SW Wall St City/State/ZIP: Tigard, OR 97223	dy Adams Fax: Fax: Fax:	New building area: Number of stories: Type of constructio Occupancy groups Existing: New: All contractors and su the Oregon Construction may be required to be being performed. If the following reasons app
PROPERTY OWNER Name: Stephen Mangold & Melon Address: 9440 SW 153rd Ave City/State/ZIP: Beaverton, OR 9700 Phone: E-mail: APPLICANT Business name: TerraFirma Founda Contact name: Heather Rogers Address: 13110 SW Wall St City/State/ZIP: Tigard, OR 97223 Phone: (971) 205-5222 E-mail: hrogers@terrafirmafs.com	dy Adams Fax: Fax: Fax:	New building area: Number of stories: Type of constructio Occupancy groups Existing: New: All contractors and su the Oregon Construction may be required to be being performed. If the following reasons app
PROPERTY OWNER Name: Stephen Mangold & Melon Address: 9440 SW 153rd Ave City/State/ZIP: Beaverton, OR 9700 Phone: E-mail: APPLICANT Business name: TerraFirma Founda Contact name: Heather Rogers Address: 13110 SW Wall St City/State/ZIP: Tigard, OR 97223 Phone: (971) 205-5222 E-mail: hrogers@terrafirmafs.com	dy Adams O7 Fax: CONTACT PERSON ation Systems Fax: m CONTRACTOR	New building area: Number of stories: Type of constructio Occupancy groups Existing: New: All contractors and su the Oregon Construction and being performed, if the following reasons app
PROPERTY OWNER Name: Stephen Mangold & Melon Address: 9440 SW 153rd Ave City/State/ZIP: Beaverton, OR 9700 Phone: E-mail: APPLICANT Business name: TerraFirma Founda Contact name: Heather Rogers Address: 13110 SW Wall St City/State/ZIP: Tigard, OR 97223 Phone: (971) 205-5222 E-mail: hrogers@terrafirmafs.com	dy Adams O7 Fax: CONTACT PERSON ation Systems Fax: m CONTRACTOR	New building area: Number of stories: Type of constructio Occupancy groups Existing: New: All contractors and su the Oregon Construction may be required to be being performed. If the following reasons app
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PROPERTY OWNER Name: Stephen Mangold & Melon Address: 9440 SW 153rd Ave City/State/ZIP: Beaverton, OR 9700 Phone: E-mail: APPLICANT Business name: TerraFirma Founda Contact name: Heather Rogers Address: 13110 SW Wall St City/State/ZIP: Tigard, OR 97223 Phone: (971) 205-5222 E-mail: hrogers@terrafirmafs.com	dy Adams O7 Fax: CONTACT PERSON ation Systems Fax: m CONTRACTOR	New building area: Number of stories: Type of construction Occupancy groups Existing: New: All contractors and suthe Oregon Construction may be required to be being performed, if the following reasons app But Picture Pictu

Date:

10/28/19

Print name:

Heather Rogers

ATA: 1- AND 2-FAMILY DWELLING d on the value of the work performed. inded to the nearest dollar) of all equipment, ead, and the profit for the work indicated on \$2,500.00 ms: ms: ors: square feet square feet a: square feet a: square feet square feet TA: COMMERCIAL-USE CHECKLIST d on the value of the work performed. unded to the nearest dollar) of all equipment, head, and the profit for the work indicated on square feet ea: square feet NOTICE bibcontractors are required to be licensed with ion Contractors Board under ORS 701 and it licensed in the jurisdiction in which work is a applicant to average from the contract to the license of the l e applicant is exempt from licensing, the ly: ILDING PERMIT FEES' ease refer to fee schedule ation

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Community Development Department Building Division 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222

OFFICE	USE ONLY
Received: 10/28/2019	Pe B2019-4503
Issued:	Fyll
י של ופטיו	Payment Type:

,	Beaverton Oregon, gov	rolol oo Payman Type.	
TYPE OF	WORK	REQUIRED DATA: 1- AND 2-FAN	AILY DWELLING
☐ New construction	☐ Demolition	Permit fees* are based on the value of the Indicate the value (rounded to the nearest	work performed, dollar) of all equipment,
Addition/elteration/replacement	☐ Other:	materials, labor, overhead, and the profit for this application.	or the work indicated on
CATEGORY OF (CONSTRUCTION	Valuation #11,000	
1- and 2-family dwelling	☐ Commercial/industrial	Number, of bedrooms:	
☐ Accessory building	☐ Multi-family	Number of bathrooms:	
☐ Master builder	☐ Other:	Total number of floors:	
JOB SITE INFORMATI	ON AND LOCATION	New dwelling area:	square feet
Job site address: 13875 SW 33"	d PL	Garage/carport area:	square feet
City/State/ZIP: BEAVERTOH, OF	2 97007	Covered porch area: 235	square feet
Suite/bldg./apt. no.:	Project name: LOWE NECK	Deck area: 445	square feet
Cross street/directions to job site:	REPLACE		
33rd PL+ DANTELLE	AVE	Other structure area: REQUIRED DATA: COMMERCIAL	square feet
Subdivision:	Lot no.:	Permit fees* are based on the value of the	1. 2 (3 (4 (2 4) 2 4) 4 (4 (4) 4) 4 (
		Indicate the value (rounded to the nearest materials, labor, overhead, and the profit for	dollar) of all equipment,
Tax map/parcel no.: 15121CA063C	THE STATE OF THE S	this application.	or the front knowledge of
		Valuation	
ELEVATED DECK	PEPLACEMENT	Existing building area:	square feet
		New building area:	square feet
		Number of stories:	
M PROPERTY OWNER	☐ TENANT	Type of construction:	
Name: SHAKIRA LOWE		Occupancy groups:	
Address: 13875 SW 33" PL		Existing:	
City/State/ZIP: BEAUERTON, OF	97007	New:	<u></u>
Phone: 503-332-1770	Fax:	NOTICE	
E-mail:		All contractors and subcontractors are req	uired to be licensed with
M APPLICANT	☐ CONTACT PERSON	the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is	
Business name: KM CONSULT?	being performed. If the applicant is exempt from licensing, the following reasons apply:		
Contact name: ALEXIS MICH	AUD	totowng rocosto apply.	
Address: 10875 SW AUDCE	TCT		
CITY/State/ZIP: BEAUERTON, OR	9२००२		
Phone: 503-407-6559	Fax:		
E-mall: alexis, Emconsultina	, egmail.com		
CONTRAC	TOR	BUILDING PERMIT	travers a visebility of after larger larger and
Business name: DANTELS CUSTO	M DECKS + CONST	Please refer to fee sch	
Address: PO BOX 5998		Fees due upon application	\$482.51
City/State/ZIP: AWHA, OR 970	06	Amount received	
Phone: 503-841-3372	Fax:	Date received:	
CCB IIC.: 190599		This permit application expires if a p	
Authorized signature:		within 180 days after it has been ac	cepted as complete

Date: |0/17

MICHAUD

Print name:

 Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001



Building Permit Application
City of Beaverton Community Development
PO Box 4755, Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550
Internet address: www.beavertonoregon.gov

		OFFICE	USE ONLY	
Date Received	10/31/201	9 _	Permit No B2019-4504	
Date Issued:	1 Mal	010	Byl	
	MOI	1211	Payment Type:	

TYP	E OF WORK		
☐ New construction	☐ Demolition	and the state of t	
Addition/alteration/replacement	☐ Other:		
CATEGORY	OF CONSTRUCTION		
1- and 2-family dwelling		Industrial	
☐ Accessory building	☐ Multi-family		
☐ Mester builder	Other:		
JOB SITE INFOR	MATION AND LOCA	TION	
Job site address: 9605 SW Nimbus Ave	Acceptance of the second second second	A Company of the Comp	
City/State/ZIP: Beaverton, OR 97008		\$	
Suite/bldg./apt. no.:	Project name: (Comcast Office Remodel	
Cross street/directions to job site: SW Ger	mini Drive		
Subdivision:	Lot no.:	A A A A A A A A A A A A A A A A A A A	
Tax map/parcel no.:			
DESCRI	PTION OF WORK		
□ PROPERTY OWNER		☑ TENANT	
Name:			
Address:			
City/State/ZIP:		A December of the Control of the Con	
Phone:	Fax:	10 p 1 	
E-mali;		**************************************	
☐ APPLICANT		CONTACT PERSON	
Business name: Delta Fire, Inc.	States to the state of the stat	mananan sasa nandir belia kantastaran di lala	
Contact name:			
Address: 14795 SW 72nd Ave.	······································		
City/State/ZIP: Portland, OR 97224		. , , , , , , , , , , , , , , , , , , ,	
Phone: 503-620-4020	Fax: 503-62	0-1058	
E-mail:			
SON	TRACTOR		
Business name: Delta Fire, Inc.			
Address: 14795 SW 72nd Ave.			
City/State/ZIP: Portland, OR 97224			
Phone: 503-620-4020	Fax: 503-62	20-1058	
CCB lic.: 64174	7		
Authorized signature: Passe Curve		Market and a second a second and a second a second and a second and a second and a	
Print name:		Dale:	
Patty Cartales	· · · · · · · · · · · · · · · · · · ·	10/29/19	

to to the time to	
REQUIRED DATA: 1: AND 2-FAI	VILY DWELLING
Permit fees* are based on the value of the indicate the value (rounded to the nearest materials, labor, overhead, and the profit this application.	t dollar) of all equipment,
Valuation	
Number, of bedrooms;	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area;	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL	-USE CHECKLIST
Permit fees* are based on the value of the Indicate the value (rounded to the nearest materials, labor, overhead, and the profit this application.	t dollar) of all equipment,
Valuation \$2,894.00	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are recitive Oregon Construction Contractors Boarnay be required to be licensed in the juris being performed. If the applicant is exemptionally reasons apply:	rd under ORS 701 and diction in which work is
<u>-</u>	
BUILDING PERMIT I	EES*
Please refer to fee sch	edule
Fees due upon application	\$206.11
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

rev 07/13

Approved



Print name:

Tiffany Bell

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 9756

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

DECEIVED		
OFFICE	USE ONLY	- nt, -
Date Received: 10/30/2019	Permit No.:	B2019-4485
Date Issued:	By:	

• • • • • • • • • • • • • • • • • • • •	BeavertonOregon.gg		F BEAVERTONPayme	nt Type:	
TYPE OF WORK			BUILDING DIVISION REQUIRED DATA: 1- AND 2-FAMILY DWELLING		
☐ New construction	☐ Demolition	Per	Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment materials, labor, overhead, and the profit for the work indicated or		
☑ Addition/alteration/replacement	Other:	ma			
	RY OF CONSTRUCTION	3100.3344	application.		
1- and 2-family dwelling	☑ Commercial/industrial		luation		
☐ Accessory building	☐ Multi-family		Number. of bedrooms:		
☐ Master builder	Other;	'	Number of bathrooms:		
JOB SITE INFORMATION AND LOCATION			Total number of floors;		
Job site address: 14900 SW Barrows Rd.			New dwelling area:	square feet	
City/State/ZIP: Beaverton, OR 97007		 ['	Garage/carport area:	square feet	
Sulte/bidg./apt. no.: 102, 103	Project name: Optima Salon TI	$ \mid$ \mid \mid \mid	Covered porch area:	square feet	
Cross street/directions to job site:	Trajection Optima Galori II		Deck area:	square feet	
, , , , , , , , , , , , , , , , , , , ,			Other structure area:	square feet	
			REQUIRED DATA: COMM	ERCIAL-USE CHECKLIST	
Subdivision:	Lot no.:	Per	mit fees* are based on the val	ue of the work performed.	
Tax map/parcel no.:		mat	Indicate the value (rounded to the nearest dollar) of all equipmen materials, labor, overhead, and the profit for the work indicated o		
Add drops for new chrome sprinkler heads due to new hard lid ceiling			application. uation	\$10.70	
			Existing building area:	\$12,78	
			New building area:	square feet	
			Number of stories:	oqual v 1000	
☐ PROPERTY OWNER					
Name: Optima Salon Suites		─	Type of construction:		
Address: 14900 SW Barrows Rd., Ste 102, 103			Occupancy groups:		
City/State/ZIP: Beaverton, OR 97007			Existing:		
Phone: (800) 535-4171	Fax:	00000000	New:		
E-mail:			NOT	ICE	
☐ APPLICANT ☐ CONTACT PERSON			All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the		
Business name: Express Fire Systems					
Contact name: Tiffany Bell			following reasons apply:		
Address: 670 S. 28th St.		_			
City/State/ZIP: Washougal, WA 9867	71				
Phone: (360) 953-8432	Fax:				
E-mall: design@expressfiresystem	ns.com				
	NTRACTOR		BUILDING PE	RMIT FEES*	
Business name: Express Fire Systems			Please refer to	fee schedule	
Address: 670 S. 28th St.		Fees	due upon application		
City/State/ZIP: Washougal, WA 98671		Amo	unt received		
Phone: (360) 953-8432	Fax:		received:		
CCB lic.: 193272					
Authorized Diskum E	Bell		nis permit application expire within 180 days after it has b		

Date:

10/29/19

Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001